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UNIVERSITY OF PENNSYLVANIA

SOME UNSOLVED PROBLEMS OF A UNIVERSITY TOWN

BY
ARTHUR EVANS WOOD

A THESIS

PRESENTED TO THE FACULTY OF THE GRADUATE SCHOOL IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

PHILADELPHIA
1920

EXCHANGE

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"The truth is that poverty is unfitness, but in a social and not a biological sense. That is to say, it means that feeding, housing, family life, education and opportunity are far below the standards that the social type calls for, and that their existence endangers the latter in a manner analogous to that in which the presence of inferior cattle in a herd endangers the biological type. They threaten, and to a greater or less degree actually bring about, a general degradation of the community, through ignorance, inefficiency, disease, vice, bad government, class hatred, (or, still worse, class servility and arrogance) and so on."

Charles Horton Cooley.

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PREFACE

The following study of certain community problems in Princeton, New Jersey was begun in the spring of 1916 at the request of a committee of the Town Club, a social welfare organization of that community. A preliminary investigation was first made which was continued a year latter with a more detailed study of conditions with special reference to problems of Housing, Public Health and Dependency. Data relating to these topics are contained in the following pages.

Much information was collected bearing upon other topics than the ones presented in this volume, especially upon Recreation, Occupations, Schools, Government, the Foreign Born, and Negroes. Data relating to these subjects are to be found scattered through the pages of this study, though not under special heading. It was considered that the material concerning Housing, Public Health, and Dependency was the most important from the point of view of community welfare; hence, attention is directed mainly to these subjects.

Many unavoidable delays have occurred in the publication of the study, so that it might seem not entirely to reflect present conditions. The writer has reason to believe, however, that the housing situation remains about as it was three years ago, and that such thoroughgoing measures of public health, as are suggested in this study, have not been undertaken. If such be the case, there is herein suggested much food for throught on the part of those who have the community welfare at heart.

Difficulity was encountered in compiling the vital statistics to be found in Part II. This was due in part to variances to be found between the records of the State and Local Boards of Health. It was also due to frequent lack of agreement between the population estimates of the Federal and State Census, and of the State Board of Health. These differences are indicated in the text, and where communities are compared the same source is taken for estimates of population. Where data for morbidity and mortality are presented their value depends upon the accuracy of reporting cases of disease and death.

The utility of such a community study depends upon follow-up work. There is a great deal of public spirit and generosity in Princeton, and this study is put forth with the hope that it may assist and encourage those who are working for the improvement of their community.

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PART I.

HOUSING CONDITIONS

Chapter I

An Earlier Survey

Inasmuch as an extensive report was made upon the housing conditions among the negro employees of Princeton University several years ago, it will not be out of place to preface the investigation made more recently by the writer with an account of the earlier survey. This report on conditions among university employees was in three parts: One section was by Mr. Bowen, Sanitary Inspector of the State of New Jersey; another was by Mr. Andrew C. Imbrie, Financial Secretary of Princeton University; and a third section was by Lucy F. Friday, Sanitary Inspector of the University. The region covered by the earlier report was identical with that covered by the writer in the spring of 1917; viz., the area that lies within the limits of Witherspoon St. on the East, John St. on the West, Nassau St. on the South, and Leigh Avenue on the North.

Mr. Bowen's report covered 32 1 family dwellings, 17 2 family dwellings, and 5 tenement houses. The following is a summary of the findings:

	Cleanliness of Yard	Cleanliness of Rooms occupied by University Employees	Cleanliness of Dwellings outside of rooms occupied by University Employees
Excellent	4 premises	6 rooms	3 premises
Good	11 premises	19 rooms	15 premises
Fair	15 premises	42 rooms	21 premises
Bad	24 premises	19 rooms	15 premises
Total	54 premises	86 rooms	54 premises

Explanation of the above terms is made in the following quotation from the report:

"The terms 'excellent,' 'good,' 'fair,' 'bad,' being general, are not expected to convey any general description, but are merely used for sake of comparison. The term 'excellent,' has been applied to rooms that were scrupulously clean, well lighted and ventilated, comfortably furnished, and supplied with facilities for proper bathing of the body. The term 'good' was used in cases where the rooms were reasonably clean, but showed no particular neatness, in which light was sufficient, ventilation not noticeably neglected, and in which bathing facilities were available. The term 'fair' was given to rooms not cleanly swept, too much and too wide a variety of floor coverings, bedding

not invitingly clean, insufficient light and ventilation, because of numerous shades and curtains covering the windows. The rooms designated as 'bad' were unclean, walls covered with dirty paper or darkened with accumulated smoke, greese and dust, two or more shades or curtains obscuring the light from each window, soiled hangings covering door openings, bedding unclean, no facilities for bathing, rooms supplied with useless and unnecessary articles of furniture, serving no useful purpose in sleeping apartments, overcrowding, and air impregnated with objectionable odors, due to the lack of cleanliness, ventilation and light. It should be noted that in making the above classification a reasonably low rather than too high a standard was set."

In regard to overcrowding the report states:

".....overcrowding was found to be frequent. In fact, the result of the inspection shows that 145 persons were lodged in 86 rooms referred to in the tabulations.

Mr. Bowen's report further states:

"Upon the whole the inspection shows that the buildings in which a large majority of employees are housed are not constructed and supplied with facilities to encourage or promote cleanliness in those who occupy them, nor are the dwellings maintained in a manner to permit hygienic living on the part of one merely stopping there as a lodger, ...there were a number of dwellings situated in close proximity to stables and their filthy fly-breeding manure piles."

Accompanying this report of Mr. Bowen were two additional reports, one by Mr. Imbrie, and the other by Miss Friday, as above stated. Each of these reports confirmed in a general way the findings of Mr. Bowen, and recommended that the University begin with a policy of building inexpensive but sanitary domiciles for the employees.

The above reports were typed and bound together, but the volume had only a very limited circulation. Since this investigation was made, the University has built a commodious and cleanly building for its Greek employees, who were brought in to take the places of the negroes, who are no longer employed.

Sewers have since been put through this section of the Borough, and toilets connected with them installed; but aside from this improvement conditions remain very much as they were when the Bowen investigation was made.

It may be noted that the emphasis of the Bowen report was perhaps somewhat different from that made in the following survey by the writer. In the former case, a little more attention is paid to personal habits of the occupants, and to the furnishings of the rooms; in the latter case, as one can see, the emphasis is more emphatically upon the condition of the houses themselves. Both sorts of emphasis are necessary.

Chapter II

The Situation in 1917

In the spring of 1917 another investigation of housing conditions was made by the writer in the same section of the Borough that was covered by the earlier inquiry already referred to; viz, the region bounded by Nassau St. on the south, Witherspoon St. on the east, John St. on the west, and the Borough limits on the north. This section is lived in by the greater part of the unskilled laboring population of the town, and though easy of access, is almost unknown to the casual visitor in Princeton. No street runs from this section to the west end of town where the best residences of Princeton are located. West of John St. high fences and hedges form effective barriers between the two sections. One must approach this area from Nassau St. on the south or from the east by means of Wiggins or Spring St. Attention is called to the isolation of this section as possibly having something to do with the fact that it has been so long neglected from the point of view of housing and sanitation. It also accounts for the surprise to Princetonians and others when the fact that Princeton has a housing problem is mentioned.

The section has the general appearance of shabbiness. The houses are with few exceptions old and run down. The streets are in bad repair, and some are without sidewalks. Ashes, rubbish, and sometimes garbage are scattered over the lots. "Clean-up Week" makes some impression on the side of betterment; but the defects of the region are too great and fundamental to be removed by spasmodic and temporary civic effort. What some of these defects are will be suggested in what is to follow. The first need is for responsible people in the community to face the facts. Only so can they be seriously and constructively dealt with.

Characteristics of Dwellings and Evidence as to Congestion

The investigation under discussion covered 152 dwellings.[1] An apartment that occupied part of a single house is classified as a dwelling. There are somewhat more than 300 separate dwelling houses in this section of Princeton; so, the present inquiry includes slightly less than half the total number of dwellings in the district. Of the 152 dwellings surveyed the houses are with two exceptions of wooden structure, and are for the most part two stories in height. It would be difficult to classify all of them according to definite housing types, as many of them on account of remodelling and makeshifts defy precise classification. The following is suggestive:

[1]Two dwellings were out side the general district, viz. 83 Ewing, and 38 Humbert Sts.

TABLE I

CHARACTERIZATION OF DWELLINGS INVESTIGATED, WITH NUMBER OF FAMILY OR NON-FAMILY GROUPS ACCOMMODATED

Number and Kinds of Dwelling	No. of Family or Non-Family Groups Accommodated
10 Apartments	10
65 Single Houses (entire house occupied by family)	65
19 Double Houses (38 Dwellings)	38
8 Tenements (24 Dwellings)	24
12 Row Houses	12
4 Cabins or Shanties	4
Total	152

By 'apartment' is meant a part of a single house, as rooms upstairs or down, accommodating a family group. The word 'tenement' covers double apartment houses of this type, as well as houses that have been remodelled or built on to for the accommodation of three or more families. Some question might be raised as to the classification of these double apartment houses as tenements, as the two families on each side had usually separate entrances; but the frequent use of toilets in common, the inadequacies of partitions, and the general lack of privacy for families would seem to justify the use of the word tenement to describe these places. Indeed, they give rise to some of the worse features of tenement life that have been forbidden in some of our large cities. In four instances, at least, the requirements of precision and of connotation demand the terms 'cabin' or 'shanty' as the only ones applicable to these human abodes.

In 12 instances the tenants of these dwellings were individuals who occupied them either with or without additional lodgers. In the remaining cases the occupants were family groups with or without additional lodgers.

A total number of 724 persons occupied the houses. Of these 12 were individual tenants, 628 were living as members of families, and 84 were lodgers.

TABLE II

DISTRIBUTION OF FAMILIES BY RACE, NUMBER OF LODGERS AND AVERAGE NUMBER OF LODGERS PER FAMILY

Race	No. families	Indiv. occupants or family members	Av'g per family	Lodgers	Avg. No. Lodgers per family
Italian	28	164 (inc. 1 indiv. occupant)....	5.82	29	1.035
Colored	85	352 (inc. 11 indiv. occupants)...	4.01	52	.611
Other White	26	124	4.76	3	.115

That the average Italian family took in more lodgers than the white or colored families was, perhaps, to be expected. It is quite possible that the number of lodgers was even larger among the Italians than is indicated, owing to the difficulties of conversing with Italian housewives who talk but little English, and to the further difficulty that sometimes the Italians conceal the real situation as to lodgers. The average number of lodgers for each household that kept lodgers for the different groups is seen from the following table:

TABLE III

NUMBER OF HOUSEHOLDS KEEPING LODGERS, NUMBER OF LODGERS, AND AVERAGE NUMBER OF LODGERS FOR EACH HOUSEHOLD BY RACIAL GROUPS

Race	No. households keeping lodgers	Number of lodgers	Average per household
Italian.....	12	29	2.416
Colored.....	30	52	1.733
Other White.....	3	3	1.

In the above table the word "household" instead of family is used, as in five instances, one Italian and four colored persons, the responsible tenant or owner was a single individual who took in lodgers. It will be seen from Tables II and III that a larger proportion of the Italian households or families keep lodgers than is the case for the negroes or other white groups; and that the average number of lodgers per household is considerably larger for the Italians.

One Italian family of 7 persons had 4 lodgers; another of 5 had 3; one of 9 had 4; and one of 5 had 5 lodgers. Considering that the houses and rooms are small this means congestion. This congestion is further seen by the tables showing the number of persons per house, per room and per sleeping room.

TABLE IV

NUMBER OF DWELLINGS, OCCUPANTS AND AVERAGE NUMBER OF OCCUPANTS PER DWELLING BY RACIAL GROUPS

Race	No. of dwellings occupied	No. Occupants	Avg. No. occupants per dwelling
Italian	29	193	6.65
Colored	96	404	4.20
Other White	27	127	4.70

6.65 persons were the average for the Italian dwellings, which was nearly two more than prevailed among whites, other than Italian, and more than two more than prevailed among the negroes. It is interesting to note that the number per dwelling was slightly greater among the whites than among the colored people, being 4.7 persons in the one case and 4.2 in the other. Table II, page 9, which shows the average size of families, reveals the fact that the colored families in the group studied were somewhat smaller than the white families, being 4.01 in the one case and 4.76 in the other. Italian families were, on the average, the largest, consisting of 5.82 persons. The largest single family, however, was that of a colored household which contained 12 persons in 5 rooms with 2 sleeping rooms. The next to the largest was an Italian family of 11 persons, living in 6 rooms with 2 sleeping rooms. The situation generally concerning room or sleeping congestion is seen in the following table:

TABLE V

NUMBER OF ROOMS, AVERAGE NUMBER PERSONS PER ROOM, NUMBER OF SLEEPING ROOMS, AVERAGE NUMBER PERSONS PER SLEEPING ROOM BY RACIAL GROUPS.

Race	No. rooms occupied	Avg. No. persons per room	No. sleeping rooms occupied	Avg. No. persons per sleeping room
Italian	138	1.39	70	2.75 [1]
Colored	467	.86	237	1.70
Other White	133	.95	71	1.78

[1]The Italian sleeping room congestion is greater than that found among the immigrants of our large cities by the Immigration Commission. It found the average sleeping room congestion among immigrants of 7 large cities to be 2.32 persons per sleeping room. (See Jenks and Lauck, The Immigration Problem p. 461.)

It will be seen from the above table that, as in case of the averages for dwellings, the average for rooms and for sleeping rooms was highest among the Italians, being for this group 1.39 and 2.75 respectively; and that the average for the whites exceeds those for the negroes. The whites had .95 persons per room as compared with .86

persons for the negroes; and for sleeping rooms the whites had an average of 1.78 persons, while the average for the negroes was 1.70.

Among all groups the total average of persons per dwelling was 4.75; per room, .99; and per sleeping room, 1.91.

The concept of congestion is a variable one, depending upon the size of the houses and of the rooms, upon the physical and sanitary condition of the premises, and upon the standards of living of the groups involved. Considering these factors with reference to the groups of people and houses under consideration, it is safe to say that, generally speaking, undesirable congestion prevails among them. The averages of persons of each group per room and per sleeping room as given in Table V gain in significance if we regard 41 cases where congestion was found to exist most severely. These instances are tabulated as follows:

TABLE VI

41 INSTANCES OF CONGESTION, SHOWING NUMBERS IN FAMILIES, LODGERS, ROOMS, AND SLEEPING ROOMS, BY RACIAL GROUPS

ITALIANS

Instances	No. in family	Lodgers	No. rooms	No. sleeping rooms
1	11	0	6	2
2	5	3	4	3
3	7	0	2	1
4	5	5	6	3
5	7	1	4	2
6	5	1	4	2
7	6	0	4	2
8	6	0	3	1
9	4	0	3	1
10	7	1	7	3
11	5	1	3	2
12	4	1	3	2
13	9	0	6	3
14	7	4	7	4
15	5	3	3	2
16	8	0	5	3
17	9	4	6	3
18	9	0	4	4
19	7	0	6	3
20	7	2	4	3
Total.....	133	26	90	49

Instances	No. in Family	Lodgers	No. rooms	No. sleeping rooms
COLORED				
21	5	2	6	3
22	5	0	4	2
23	7	0	4	2
24	7	0	6	3
25	5	0	5	2
26	3	5	6	3
27	6	1	4	2
28	7	1	3	2
29	9	2	6	4
30	7	0	5	2
31	5	0	4	2
32	4	0	2	1
33	12	0	5	2
34	9	0	6	3
35	9	0	6	3
36	7	1	4	3
37	7	1	6	3
38	6	3	6	2
Total.....	120	16	88	44
OTHER WHITE				
39	8	0	3	2
40	10	0	6	3
41	8	0	6	3
Total	26	0	15	8

These 41 cases of greatest congestion may be summarized according to the three groups as follows:

TABLE VII

SUMMARY OF 41 CASES OF GREATEST CONGESTION, SHOWING NUMBER IN FAMILIES, NUMBER LODGERS, NUMBER OF ROOMS, AVERAGE NUMBER OCCUPANTS PER ROOM, NUMBER OF SLEEPING ROOMS, AND AVERAGE NUMBER OCCUPANTS PER SLEEPING ROOMS, BY RACIAL GROUPS

Race	No. in families	No. lodgers	No. of rooms	Avg. No. per room	No. sleeping rooms	Avg. No. per sleeping room
Italian.....	133	26	90	1.76	49	3.35
Colored.....	120	16	88	1.54	44	3.09
Other White.	26	0	15	1.73	8	3.33
Total.....	279	42	193	1.66	101	3.17

In these cases that represent greatest congestion it will be seen that the averages per room and per sleeping room are more nearly equal for the three groups than was found to be the case where all families of all groups were included (Table V). The order for the three groups, however, is the same in the two tables, Italians showing the greatest amount of congestion, whites, other than Italians, the next greatest, and colored families the least. It might be objected, however, that the number of white families selected for comparison with others in Table VII was too small to be of value. It simply means that a smaller percent of white families showed extreme congestion than of Italian or colored families. 20 out of 28 Italian families showed great congestion; 18 out of 85 colored families; and 3 out of 26 white families.

The figure 1.66 as the average per room for all these 41 families is to be compared with the results of the survey made a few years ago by the University authorities of the houses of the University employees. In that survey it was found that 145 persons were lodged in 85 rooms, or an average of 1.68 per room. This average was declared by that survey to constitute bad overcrowding. If it was so then, it is so now, for it is a situation which, if let alone, does not improve by age.

Bath Rooms—Water Supply

Before passing to a detailed discussion of some of these premises a few general facts are submitted. 25 of the 152 dwellings had bathrooms and 24 had bathtubs. Of the houses that had bath rooms 6 were occupied by Italians, 14 by colored people and 5 by whites, other than Italians. It is significant that in 16 of the 25 cases where bath rooms existed, the families owned their own homes. These homes owned by the occupants were among the better ones of the district, and further mention will be made of them. Where there were no bath rooms toilet facilities were usually outside the houses; but, as the condition of these toilets constitute one of the most serious aspects of the housing problem in Princeton, they will be discussed apart from these general remarks.

The water supply of the 152 dwellings was furnished as follows:

Spigot in kitchen with sink	126	cases
Spigot in kitchen without sink	8	"
Cellar, no sink,	2	"
Pump in Yard	2	"
Well	4	"
"Downstairs" (In lower apartment)	1	"
"Elsewhere" (From neighbors or spigot outside the house)	9	"

In few instances were there any provisions for heating water except on the stove. In many cases the sinks were very small and inadequate. In cases where sinks did not exist, with the inside spigots the water frequently dripped, keeping the floors constantly wet. Pumps or wells in the yards cannot with precision be called "conveniences," and the Princeton typhoid fever rates, as the section on Health of this study will show, cannot bear with safety needless ag-

gravation. The term "elsewhere" means that these families get their water from the neighbors or from spigots outside the houses. In one case a family's well went dry in May, and thereafter they lived on what they could get from their neighbors' metered water services. In another case a man walked 200 yards to a well behind a neighbor's house for the water supply for his family. In this case the plumbing of his house had been out of order ever since he moved into it. In another case a spigot sticking up out of the ground outside was the only supply for 4 dwellings. The importance to a laboring population especially of a cheap, plentiful and convenient water supply cannot be overestimated. But in Princeton, as we have seen, in many cases this supply is not convenient; and it is neither cheap nor plentiful, for according to the New Jersey Public Service Commission Reports Princeton has one of the highest water rates in the state of New Jersey. This is especially a burden upon the colored families where the women take in washing to aid the family income. Complaints that the water rates added materially to the cost of living were frequently made by the housewives.

Dampness and Its Relation to Health

In 45 instances the roofs leaked; in many cases badly. In 31 cases there was water in the cellars. 29 houses had no cellars. Cement cellars were found in 21 cases; elsewhere cellars had dirt floors. Cold, damp, poorly protected houses are all too frequent in this section of Princeton, and they undoubtedly have something to do with the fact that Princeton has had one of the highest death rates from tuberculosis of any city over 5000 in the State of New Jersey. The situation as to tuberculosis in Princeton will be extensively commented upon in the section of this study upon Health; but it may here be stated with effect that in the report of the New Jersey State Board of Health for 1911, giving deaths for 1910 from tuberculosis per 10,000 of population in 47 cities of over 5000 inhabitants, Princeton, one of the smallest of these cities, has by far the highest tuberculosis death rate of them all with 31.15 per 10,000 of population. The next lower rate than Princeton for 1910 was that of West Orange with 22.61 per 10,000. Jersey City had a rate of 16.54; Trenton 19.32; New Brunswick 17.10; Camden 11.95.

There is evidence for believing that the situation with regard to tuberculosis in Princeton has not materially improved since 1910. Of course, there are other factors leading to tuberculosis besides bad housing; but it would be folly to deny that this is one of the factors, and Anti-Tuberculosis League of the Borough would do well to concentrate for a period of years upon the housing problem. From 1912 to April 1917 there reported to the Borough Board of Health 18 cases of Tuberculosis **just from these 152 dwellings under discussion.** Three of these 18 cases were reported from one house, 31½ Lytle St.

Again, in the year 1916, 32 of the 78 deaths recorded on the records of the Borough Board of Health were of children under 5 years of age. 20 of them were of infants under one year. Of these 32 child and infant deaths 8 were from Pneumonia or Broncho-Pneumonia, 3 from Bronchitis, 1 was from Tuberculosis, and 1 was from Inflammatory Rheumatism. 5 of these deaths from the foregoing diseases were of Italian children, 4 of white, and 4 of negro children. Unquestionably, the housing conditions have something, at least, to do with this situation.

Toilet Facilities

It has been stated that the condition of the toilets in the district constitutes a menace to good housing and sanitation. This statement may now be explained. Following the investigation by the University authorities, to which reference has been made a large number of privy vaults were done away with, and toilets were installed connected with the sewers. The Revised Sanitary Code for 1916 declares to be a nuisance "any privy on any property which is adjacent to the public sewer or the streets or alleys for which public sewers have been constructed—." (Section 61 c). There was but one privy vault found in the present inquiry within the Borough limits, and this was in connection with a house that is outside of the particular district under discussion. (83 Ewing St.) In this district, then, privy vaults have been done away with. The toilets in this section were found to be located as follows:

36 were in the yards back of the houses.

53 were on back porches.

15 were adjacent to kitchens.

8 dwellings had none, the families of these using toilets in the neighboring yards or houses.

2 families living in upstairs apartments, used the toilets of the lower apartments, in the yard or on the porch.

25 toilets were in bath rooms.

12 toilets were elsewhere, either adjacent to halls, or in sheds at the rear of the houses.

The maintenance of 8 dwellings with no toilets is in direct violation of Section 90 of the Revised Sanitary Code which reads,

"Any person or persons renting, leasing, or causing to be rented or leased, a plot or plots of ground, for any purpose or purposes, which from the nature of the occupancy would make desirable the necessary use of toilet facilities, shall provide adequate toilet facilities for the use of the person so occupying, and shall maintain such toilets in a manner approved by the Board of Health."

Frequently there was not a separate toilet for each family. 12 toilets were used by 2 families each; 1 by three families, including 9 persons; 4 were used by 4 families each, including 43 persons; one was used by 5 families, in three of which only there were 19 persons. Even where there was a toilet for each family often the large size of the family and numerous lodgers gave rise to inadequate toilet facilities.

The menace of this situation will be more fully realized by a consideration of the conditions of some of these toilets. The writer was informed that when they were installed the specifications regarding materials and workmanship were not met with. However that may be, at present the flow of water through many of them is exceedingly weak, so that it is impossible to flush them properly. In addition to this, where the toilets are on the back porches or in the yards, the pipes and boxes are exposed to cold weather and are, as a result, constantly freezing. In 57 of the 152 dwellings investigated the toilets had been frozen at some time during the previous winter, and as a consequence had been out of order, in some cases for a few

days or weeks; and in two instances, at least, for several months; and in one case the housewife stated that the toilet had not been in order for a year. Meanwhile, these defective toilets are used and unspeakable filth accumulates. In the case of one house, owned by the Chief of Police of the Borough, excrement and rubbish had accumulated in the toilet to the height of a half-foot above the seat. In this house lived a colored woman with 6 children and a lodger. Two of her daughters have recently given birth to illegitimate children, and the children have been reported to the County Court in Trenton for truancy and to the Borough Board of Health for infecting other children of the neighborhood with impetigo.

This instance suggests that the chief factor in the problem is the low standards of the individual occupants. In some cases this is undoubtedly true; complaint was made to the writer by one real estate agent that tenants throw all sorts of things improperly into the toilets, and that his company now obliges tenants to pay for repairs due to freezing or stoppage, or else to move out. But for every family where low sanitary standards were apparent one could find many others in the district where aginst great odds every effort was being made to be decent. To repair the toilets after the pipes or tanks had frozen involves an expense which is burdensome. In some cases the landlords would pay for repairs; often tenants would do so themselves; but far too frequently both tenants and landlords let matters go.

From any large point of view it is of secondary importance whether tenants or landlords are more to blame for the state of affairs, for the consequences are grave for the whole community. Some might be inclined to find the Board of Health lax in the matter for Section 121 of the Sanitary Code reads in part,

"———— water closets in which the walls are not thoroughly flushed at each discharge are prohibited," and, "All water supply pipes and traps must be protected from freezing."

In the judgment of the writer an expert plumber could go through the district on a tour of inspection and make the Sanitary Code appear ridiculous, especially the Sections 97 ff. which deal with Plumbing and Draining requirements.

Besides the cases where trouble arose through the freezing or stoppage of the pipes, numerous cases are recorded where the water closets leaked onto the floors; where too many houses drained into one pipe leading to the sewer, causing sewage to back up and foul qdors; and where neighborhoods would be made foul-smelling by persons who, having no adequate toilet facilities, threw the contents of slop buckets on to the lots or even into the streets,—all these incidents being in direct violation of some provision of the Sanitary Code. Instances were also noted where the toilet rooms had no windows, or where the windows were so nailed up that they could not be opened. In at least one of these instances the toilet room was off the kitchen. Yet section 120 of the Sanitary Code reads, "—— water closets must never be placed in a room or apartment unventilated by a window to the outside."

As a further indication that sufficient law exists for the remedying, or, at least, for lessening of some of the evils enumerated, we may close this section with further quotations from the Sanitary Code. Among the nuisances enumerated in the Code are the fol-

lowing:

"The keeping of any dwelling house or other house or building, or any part thereof, in such a state of uncleanliness or unhealthfulness or the crowding of persons in any dwelling house in such a manner as to endanger the health of the persons dwelling therein." (Section 61. Para. f.)

And again,

"Any imperfect trap, sink or water closet within any house, outhouse, lot, alley or street, or any other drainage appliance or fixture within any house, outhouse, lot, alley or street or highway, from which there shall escape any foul or noxious liquid, gas or odor." (Sec. 61, Par. m.)

For the enforcement of these provisions there is the following:

"That whenever a nuisance shall be found to exist on private property, the Health Officer of this Board shall notify the owner or owners of the property, whereon the said nuisance shall or may exist, in writing, to abate or remove the nuisance within three days from the date thereof, unless in the judgment of this Board more speedy action be deemed necessary or more time be allowd. Such notice shall be served by personal service on the owner and by leaving a duplicate notice with the tenants or occupants of the said property, and in the event of the property being unoccupied, or if the owner or owners reside in another State or cannot be reached with notice speedily by posting the notices on the premises, to remove or abate the nuisance."

For the violation of the above provisions concerning nuisances there is a fine of from $2. to $100. for each offense. It would seem then that among some of the measures required by the present situation is a more rigorous and fearless enforcement of the law.

Facts Regarding Particular Premises

We may now present in detail facts concerning particular premises for the purpose of giving further emphasis to some of the general considerations thus far presented, and of presenting certain social facts that are correlative with housing conditions. This data includes the number of the house and street on which it is located; race of occupant; number in family; number of lodgers; assessed value of house and lot; amount of taxes and rents; also remarks. Unless stated to the contrary none of the following dwellings have bath rooms or tubs, and water supply as from spigot in the kitchen. Information concerning these premises came from occupants, landlords, social workers, school people, real estate agents, and other responsible people in the community.

No. Case	No. House	Street	Race of Occupant	No. in Fam.	No. Lodgers	Valuation		Taxes	Rent
						Hse. $	Land $	$	$
1	64	Witherspoon	Other White	5	0	.....	.....	.....	.....

House fairly neat and clean. Woman complains of colored Restaurant next door, where garbage in back makes bad stench. Reported to Board of Health without relief. Drain pipes with No. 64 are same as that for Restaurant leading out to sewer. Things thrown into toilet and sink drain from Restaurant causes stoppage in No. 64, and yard and drain has to be dug up every summer for repairs.

2	110 Witherspoon	Colored	6	0	1400	1200	43.68	10.00

Upstairs apartment. Toilet leaks on to the floor. Floors of apartment weak. Colored woman reported sick with tuberculosis, March 1, 1917, at this house. Woman later died.

3	136 Witherspoon	Colored	1	2	1200	500	30.24	13.50

One-half of double house. Single colored woman with two men lodgers lives here. Immoral relationships alleged by some of neighbors. Cellar foul smelling from chickens that are kept there against stipulations of sanitary code. Woman in other half of house cannot use cellar on account of odor from chickens.

4	142 Witherspoon	Colored	5	0	900	600	25.20	11.00

Respectable hard working colored family live here. Have lived in Princeton 15 years. Window in toilet does not open. Trap door from kitchen into cellar endangers safety of children when open. 5 people in four small rooms with two sleeping rooms. One half of double house.

5	145 Witherspoon	Colored	1	1	500	1300	30.24	12.00

House neat. Respectable colored woman living here. Says Board of Health should be more active in making conditions better, abating nuisances, etc. Says that very few of the houses are protected from the flies in summer. This woman paid herself for kitchen to be built on, and always has to pay when toilet pipes and tank freeze. Tb. reported here December 5, 1913.

6	150 Witherspoon	Colored	2	0	1200	570	29.74	14.00

This is one-half of double house. Case of Tb. had been kept in this house for a year. The house was not fumigated, nor the room repapered or renovated. Rain beats into house through the door. The toilet doesn't flush and tenant must pay to have it fixed. Another family of two people to move into the apartment upstairs. No record on Board of Health books as to this house having lodged a case of tuberculosis.

7	146 Witherspoon	Colored	2	2	1000	1200	36.96	11.25

This family in Princeton for 27 years. The house is one-half of a double house. One toilet for two families. No seat to toilet which leaks badly onto the floor. Huge hole in the wall on the second floor which is an uncovered stove vent. The house has no cellar. The roof leaks into the bed room. Fences in front of house are falling down. Woman says that landlord won't do anything but collect the rent.

8	153 Witherspoon	Colored	4	1	800	700	25.20	.....

One-half of double house. This house has no cellar and woman says children are always getting colds from dampness. Next door at 155 the toilet has been out of order for year, so that family use toilet at 153, the floor of which was wet and filthy.

9	154 Witherspoon	Colored	3	0	360	520	14.68	15.00

Double house in wretched repair. Wall paper falling off; plastering coming down; floors weak and broken. One toilet for families at 154 and 156. The toilet room was filled up with dirty pails and rubbish. Window did not open. Whole place ill-smelling and dirty.

10	158 Witherspoon	Colored	4	0	1700 (inc. 158-160-162)	810	42.17	15.00 (plus) 2.00 for stable

Single house. Woman says that her husband had spent time and money on this house because the landlord would not repair. Toilet frozen twice last winter. The roof leaks in two places, and there is standing water in the cellar. The woman has 2 babies.

11	164 Witherspoon	Italian	9	0	500	455	16.05	.....

Single house owned by Italian that lives here. House dirty and crowded, 9 people living in 5 small rooms and sleeping in four beds. No cellar to house. Toilet off shed, and window does not open.

12	215 Witherspoon	Colored	2	2	See No. 223	.....		12.00

This place was in hopeless disorder and filth. Unemptied slop buckets standing about. Toilet was frozen last winter, and does not flush now. Place should be dealt with by Board of Health as a nuisance under Section 61 f. of the Sanitary Code, already referred to. (See p. 17). Case of tuberculosis reported from this house March 17, 1916.

13	216 Witherspoon	Italian	5	3	420	.....	.....	.....

In this house lived 8 Italians in 4 rooms using 3 sleeping rooms. In one of the rooms upstairs was one double bed and four single beds, in one of which was a man sick with tuberculosis the case being reported to the Board of Health, April 5, 1917. Whole house dirty and yard cluttered with rubbish.

14	223 Witherspoon	Colored	5	1	215-223 Ho. & Land 4700	215-223	78.96	12.00

An unmarried mother living at this house recently died. It is alleged that the undertaker in the case attempted to do away with the child. Young colored man, 21 years old, recently sent to hospital from this house with tuberculosis House was not fumigated. Case reported to Board of Health March 19, 1917. House in poor repair. Paper coming off in places.

15	222 Witherspoon	Colored	3	3	.....			16.00

Well constructed house of brick and wood, but kitchen sink does not drain well, and toilet leaks on to floor. Case of tuberculosis colored man, 50 years, reported here November 28, 1914.

16	12 Witherspoon Lane	Other White	8	0	1000	140	17.47	10.00

One-half of a double house. Roof leaks very badly, and family has colds constantly. Tenant said that toilet could be kept from freezing with great care by packing the pipes. Floors weak. One case of tuberculosis reported from this house, January 20, 1916, young woman, age 23.

17	221 Witherspoon	Colored	7	0	See	223	.....	12.00

One-half of double house. Toilet room dirty and ill-smelling, and packed with clothes and rubbish. One room very dark as window opens onto narrow alley. Cellar stairs weak and rotten. Mother of tenant, and water meter reader both have fallen on these stairs and been hurt.

18	28 With'spn Lane	Other White	3	3	3000	240	54.43	10.50

(22 to 30 Witherspoon Lane.) This house is one of a row of 5, owned by Italian who lives at one end of row. Woman here states that the Italian turned the water off in the row for a period of three months during the winter.

19	32 With'spn Lane	Other White	7	1	3000	240	54.43	8.00

(Tenement of 7 apartments, 32 Witherspoon Lane.) One apartment of four rooms at rear of 32 Witherspoon Lane, Here lives a white woman with six children and an Italian who is not her husband. Woman is probably feeble-minded.

20	32 With'n Lane	Italian	4	0	.....	.....		8.00

Italian family of 4 persons living in apartment at 32 Witherspoon Lane. 4 rooms. The roof leaks and the water comes through holes into the cellar. This household looked fairly neat. Mention is here made especially of it as the father of the wife in this home deserted his wife and daughter to live with his young niece, by whom he has had children. An attorney in the Borough drew up a contract by which this action was made to appear legal to these people. Social workers in the Borough have tried repeatedly to get this father prosecuted, but the Chief of Police complained, when asked to serve a warrant for this man, who has recently been living a little outside the Borough. The support of the aged mother has fallen upon the married daughters. There is a well in the yard of this dwelling but the family do not use the water. The rents from the 7 apartments of this makeshift tenement at 32 Witherspoon Lane amount to $56.00 per month. A case of Tb. was reported from one of these apartments on March 11, 1912, being a colored man of 33 years of age.

21	36 With'n Lane	White	4	0	.....	.....	.....	10.00

This family gets its water from a pump in the yard which goes dry towards the end of May after which the family get their water from neighbors. Wretched premises. Alcoholism and poverty apparent. The roof leaks; there is a privy vault in the yard, and one room without window in the house.

22	30 Birch Ave. 1st Floor	Colored	3	0	Outside the Bor.	10.00

This family occupies the first floor of a three family tenement. The premises were disorderly. Man sick here with Tb. There is water in the cellar.

23	33 Birch Ave.	Colored	....	....	Outside the Bor.	.....

This building houses 4 families over a slaughter house and store house with no exit in case of fire but the two narrow staircases, one on each side. It is a wooden structure and the fire risk for these families is very great. In 3 of these families are 5 persons.

24	11 Lytle St.	Colored	3	5	.....	12.00

The first floor of this house is occupied by a colored family of three and the 2nd floor has been sublet to another colored family of five persons. The house has 6 rooms. The toilet doesn't flush. Dirt and filth abound. The roof leaks. The front steps are broken and in decay. Case of Tb. reported from this house on March 20, 1917.

25	13 Lytle St.		7	....	600	300	13.44	18.00

This is a double house occupied by 3 families. No cellar; no sinks. Property in bad repair. In back lives lone woman in shanty. Only 1 toilet.

26	15-17 Lytle	Ital. & Col.	17	....	2000	600	43.68	26.00

This property is owned by an Italian. It is a double house, accommodating four separate groups. On one side lives an Italian who has a shoe shop on first floor and rents one room on second floor to colored man and his wife. On the other side lives two Italian families, including 10 persons. In back is a miserable two story shanty, inhabited by two colored groups. The two upper rooms of this shanty are lived in by an unmarried man and woman. A year ago these rooms were occupied by a white man and his wife who had tuberculosis. No pretense was made towards cleaning up premises. The first floor of this shanty is lived in by a colored man and his wife, the man working in the Borough street cleaning department. This shanty is in a condition of wretchedness and filth. Toilet on the back porch of No. 15 Lytle is used by owner and four other groups, including the two groups in the shanty, the negro and his wife upstairs in No. 15, and by the colored family next door, whose toilet does not flush, and whose house is in filthy and broken down condition. This makes a total of 14 persons who use this toilet. The Italian also owns the house whose number is 13½. At number 17, which is the other side of the double house, the two Italian families use the one toilet, which is dirty and ill-smelling. In addition to the case of Tb. already mentioned in connection with the shanty at the rear, another case was reported from No. 15, January 24th, 1912. This was a colored girl of 10 years. The rents of 15-17 amount to $26.00 per month, and that of 13½ to $9.00. Chickens, rubbish, dogs add to the general confusion and dirt of these premises. It is inconceivable that Borough citizens should allow this Italian to maintain these premises in this condition.

27	18 Lytle	Colored	3	1	.....		12.00

Single House of four rooms. Residents are colored woman, her husband and baby, and one lodger. The house is well-nigh uninhabitable from point of view of repair. The water in the toilet had been shut off all the winter, and at the time of inspection it was in outrageous condition of filth, comparable only to the one mentioned on page 10 in the case of the house owned by the Chief of Police. In these two instances, the one at 18 Lytle, and the other at 27 Lytle, the writer took witnesses on different occasions, for the corroboration of the above testimony.

28	30 Lytle	Colored	9	2	.....		12.50

In this house live a colored family of 9 persons and 2 lodgers. Abounding filth and disorder. The toilet room which is off the kitchen has no ventilation to the outside air. The house has no cellar.

29	31-31½ Lytle	Colored	8 Total Occupants.	.....	.....		20.50 from 2 ho.

This double house is of interest because it involves a number of problems relating to the health and sanitation of the Borough. On one side lives a colored man who has one lodger with him. This dwelling is dark, filthy and ill kept. There is one toilet for the two sides of the house, which was out of order at the time of inspection, the pipes having frozen and burst during the winter. Yet the toilet is still used, and this man keeps a refreshment stand on Nassau St. every night in front of the post office. On the other side of the house at 31½ lives a hard working colored woman and a family of 5 children. The woman complains bitterly about the condition of the house, there being no cellar, and the roof leaking badly in several places. Tenants attempted suit at law to compel landlord to fix this house, but with no success. The woman stated also that the house was infested with rats. In a lot in the vicinity of this house a dead dog had been allowed to lie for several weeks, and was seen in state of decay at the time of inspection. From this house three cases of tuberculosis have been reported—colored males of the ages 10, 12, and 24 respectively. The dates for the reports of these cases were March 11, 1912, July 2, and September 25, 1915. In the summer of 1916 a case of infantile paralysis was reported from this house. In front of the house is a "Day Nursery" sign, the woman helping to eke out her living by taking care of children on these premises while their mothers are away. No more pathetic illustration of the need of such an institution in the Borough could be imagined. This house with a food handler on one side and a public nurse on the other forcibly illustrates the menace to the health and well-being of the Borough constituted by the intolerable conditions of housing and sanitation that are allowed to continue.

30	1 and 2 Tash's Row	Colored	4	1	300	70	6.22	6.00

This house at No. 1 Tash's Row, and another like it at No. 2, have the appearance of long, low chicken coops. Both houses are but slightly set up from the ground. The water supply for No. 1 is a pipe outside sticking up out of the ground. There is no sink in the house and the roof leaks. The toilet is set between No. 1 and 2, and is the only one for four dwellings in the vicinity. In the three rooms of No. 1 Tash's row live a colored man, his wife, 2 children and a lodger. No 2 Tash's Row is just like No. 1, and was vacant at the time of inspection, a single man having moved out shortly before. The cold and dampness of these premises in winter can readily be imagined. They were built at a cost of $400.

31	30 Clay	Colored	1	1	.....	290	4.88	1.30

This is a two room cabin in which lives an old colored woman for whom the town has been paying the rent. A white man, not her husband, lives here with her. Toilet and water supply for this place is as described in Case 30. The place is unfit for habitation. Inside the cabin is in a wretched condition of disorder and dirt. Slops are frequently thrown out into the street, causing complaint on the part of neighbors across the street. Attempt has been frequently made to have this dwelling condemned and vacated by order of the Board of Health, but no action had been taken up to the spring of 1917.

32	19 Clay	Colored	7	7	500	360	14.44	9.00

From point of view of repair this house is perhaps the worst visited during present investigation. The house has no cellar; roof leaks badly; front steps, piazza, and underpinnings are literally rotting away. The water was turned off during the winter to prevent freezing. Extreme poverty apparent.

33	23 Jackson	Colored	2	2	.....	.....	.....	5.00

Tumble-down house; dark, disorderly, dirty inside. No toilet accommodations, nor water supply, except open well in front of house. Neighbors across the street complain of stench in summer from slops thrown out from this place. Upstairs bedroom without window. Fortunately this place has been entirely demolished, and another house moved onto the site since investigation was made.

34	9-13 Baker	Colored	....	....	.....	.....	.....	.....

This is a tenement block tenanted by five colored families, three of which were visited. These three families consisted of 16 persons living in a total of 11 rooms, as follows: 1 family of 6 in two rooms; 1 family of 4 in three rooms; 1 family of 6 in six rooms. There was but one toilet for all 5 families in the block. At number 13 the family gets its water from a spigot in the cellar, where, according to the housewife, sewer water accumulates. The stairs are in a broken and dangerous condition, especially for the children. The rent for No. 13 is $7.00. The other two families lived at Number 9 Baker, where the premises were in like condition of dilapidation. The rents for the downstairs and upstairs apartments of Number 9 are $9.00 and $12.00. There was a suspected case of Tb. at No. 9. In the spring of 1917 endeavor was being made by the Board of Health to have these premises condemned.

Some More Favorable Conditions.

The foregoing description of 34 instances, involving somewhat more than that number of separate dwellings and families, reveals, perhaps, the worst features of housing in the section of the Borough covered by the present inquiry. Considering that a total of 152 dwellings were covered by the investigation, it should be noted that these 34 cases do not represent the actual proportion of bad housing in the total number of dwellings. The above detailed cases are simply typical of the present evils. In reality over 80 of the 152 dwellings present glaring housing defects. In the remaining cases conditions were such as to call forth no special comment, or they were exceptionally good. The latter was more frequently the case where the families owned their dwellings. Among the negroes, especially, numerous instances were found of home owners whose premises revealed the pride which these owners took in them. Princeton has

many negro citizens, who have lived in the Borough for many years, and whose earnings have been put into the acquisition and improvement of their homes. Lots have been cultivated with flower and vegetable gardens, and thrift and decency abound. To these persons who are a civic asset great injustice is done by the existence and tolerance of conditions that have been described. Among the Italian home owners there was a tendency towards utilizing the houses to the utmost through taking in of lodgers.

An example of thrift on the part of a negro home owner is that of a negro who lives with his family at the lower end of Witherspoon St. The house is small and old, and is valued on the tax lists of 1916 at $240. But this humble dwelling is orderly and cleanly. The lot on which the house is situated measures 60 by 100 feet, and is valued at $900. On this lot is raised most of the vegetable produce used by the family. The negro was born in Princeton, and has worked at the Nassau Inn for 21 years. Another example of personal achievement by a negro is that of one who lives on Birch Avenue, just outside the Borough. An excellent house in this case is valued at over $2,000. It is equipped with bath room and steam heating apparatus. The owner has lived in Princeton for 22 years, and is employed on one of the estates outside the Borough. A large lot belongs with this house, and extensive cultivation was under way at the time of investigation.

An example of high standards among Italian home owners is that of a young Italian living at the lower end of John St., who is acquiring his house and lot on installments. The lot is valued at $500. The house is being remodeled and bath room installed. Neatness and order characterized this household. This Italian is a gardener and has lived in Princeton 9 years. Besides himself, only his wife and child occupy the house.

Other examples of high standards of living, industry and thrift could be enumerated. A little encouragement on the part of the community and the removal of obstacles to good sanitation such as have been described, would increase home pride and the ambition to become home owners among many tenants who are now discouraged by the necessity of paying rents for dwellings wherein it is difficult to maintain self respect.

Housing Conditions in Other Districts.

It should be noted that other sections of the Borough, besides the one bounded by Witherspoon and John Streets, present housing difficulties. Sections of Charlton, Ewing, and Humbert streets have grave housing defects of the sort already described. Evidence for this statement was not secured by investigation on the part of the writer, but comes from the testimony of the school nurse and other social workers of the Borough. Humbert street is an Italian section. The houses here are on the whole better and newer than in the section investigated; but unwholesome overcrowding prevails. Since 1912 in the small Humbert St. area 5 cases of tuberculosis have been reported among the Italians. In the Charlton St. district 4 cases of tuberculosis have been reported during the same period among white people other than Italians. If tuberculosis be any indication of housing defects, the section including Chestnut, Maple, Spruce and Pine streets is not beyond reproach. In this section lives a more skilled artisan class than is the case in the Witherspoon

section. In the former section no less than 11 cases of tuberculosis in the period from January, 1912, to May, 1917. Mention should also be made of the region southwest of the Borough and outside the Borough limits, popularly known as the Basin. Here no toilets connected with sewers have been installed, and the region is notorious for its general degradation to which bad housing contributes. It is beyond the pale of Borough laws though a goodly share of citizens' money contributed for relief and amelioration is spent on families in this neighborhood. It should not therefore be beyond the pale of consideration in any general plan for improvement.

Some Consequences of Continued Neglect.

It should be needless to dwell further at length upon the consequences for the whole community of the present state of affairs. Perhaps the most fundamental appeal that can be made is that of self-protection. Through the custom of sending washing into, and taking housemaids from the homes of the Witherspoon St. region, the upper social and economic classes of the Borough, including many students, come into daily contact with people that live in unwholesome and unsanitary surroundings. The writer knows personally of an instance, elsewhere than in Princeton, of tuberculosis being passed on to two members of a family by an infected housemaid. The Montclair Board of Health for a small fee inspects house servants upon the request of their employers. He knows of another instance, in another University town, where typhoid fever was brought into the family of a college teacher that sent its washing into a home where typhoid was present, the washing sent out being done with that of the family where disease was prevalent. This latter case, to be sure, did not necessarily involve a housing problem; yet it is evidence to the fact that disease is no respecter of persons, and that modern community living, by creating class interdependence, makes no one group immune from disease to which other groups are liable. It is to be hoped that no one would conclude from this that the housing problem of Princeton would be solved, for the employing classes, if they would just cease to send out their washing. Such ostrich-like avoidance of a difficulty would hardly do credit to the intelligence of the citizens.

To many an even stronger appeal than that of self-protection can be made on the basis of community self-respect. In Princeton is to be found a tremendous deal of highly justifiable local pride. To this appeal can be made by those persons upon whom the burden must fall of taking the initiative in stimulating all who are in position of responsibility.

Chapter III

Responsibility and Leadership

But who is responsible for the improvement of prevailing conditions? As in all community matters, responsibility is both public and private. It may aid to enumerate various groups whose influence should be brought to bear on the situation.

Among public authorities there is first the local Board of Health.

It has already a Sanitary Code, containing, as has been shown, provisions that have important bearings on the problem. The Police are also public authorities who should be related to the problem. Just what this relationship might be we shall see. Again, the Borough Council has already been addressed by the Mayor with reference to housing conditions, and its aid and co-operation is indispensible.

As to private individuals who have influence in the situation, one thinks first of the landlords. For the most part the landlords involved in this investigation appear to be persons in moderate circumstances for whom house owning is an incident rather than a vocation. In but few cases were persons of prominence involved. Apropos of the landlord group that owns the properties in the region investigated, remark was made to the writer that the way to make money in Princeton is to "get a shack in the back part of town and rent it out to 'niggers'." Such sentiments are likely to find place in any community where opportunity for exploitation exists, and where more responsible people are ignorant of the real conditions. Considering the rents as given, and the value of the properties as taken from the tax lists, and ignoring repairs that are seldom made, it can be figured, that, including taxes, all the way from 10 to 40 percent is realized on some of the premises. Of course, this assumes that the houses are occupied for full time, and that rents are paid. Of "jumping" rents there are unquestionably instances, though to what extent it is difficult to say. One agent for a number of houses said that rents were paid more easily in the summer when work was more abundant, but that his company did not tolerate long delays. A store keeper told the writer that the negroes were his best customers because "no one expected them to pay, and therefore they were extended less credit." It is probable that experience has taught the landlords to exact payments or enforce evictions when rents are greatly overdue. Little is lost by vacancies, due to the great demand for houses which is general in the Borough; and, making all allowances for failures to pay, it is entirely safe to say that, generally speaking, inordinate amounts are realized on the houses of the working people in Princeton. Indeed, experience everywhere has taught that poor houses are highly remunerative. The great demand for houses in Princeton would be against making this community an exception to the rule. This conclusion should stiffen the endeavor of those who are determined that no longer shall a few persons profit by a real community menace.

Other private individuals besides landlords who could be factors in the improvement of conditions are persons of means and a sense of civic duty. Of these there are many in Princeton. With their aid experiments in "4% philanthropy" that have been successful elsewhere could be repeated in Princeton. Reference will be made at a later stage of this discussion to successful efforts of this sort on behalf of the housing of negroes. In Princeton beginnings have already been made by the House Building Company which has the distinction of owning some of the best as well as some of the worst premises in the Borough. The newly organized Building and Loan Association in Princeton is further evidence that initiative is not lacking for improved housing; though organizations of the latter type have not elsewhere been conspicuously successful in meeting the needs for good housing among the lowest economic groups, the unskilled wage earners. Any plan which would not place the needs of this group in Princeton first would fail entirely to solve the most serious and menacing aspects of the problem.

Further Suggestions.

The foregoing enumeration of interested persons and agencies in public or private capacity has been made so as to orient our sources of help. Further suggestions as to what might be done are now in order.

It is not altogether unnecessary that further agitation be carried on to convince citizens that Princeton has a housing problem. A member of influence of the Borough Council in conversing with the writer resented the fact that conditions were being investigated, and asked with manifest irritation, "Well, you don't find any worse conditions here than you find in any other place, do you?" To all such persons the remark of Professor Edward A. Steiner, who is informed on housing conditions in this country and abroad, should be of consequence. Upon making a tour of inspection of some of the places we have described Professor Steiner stated that he had not seen worse conditions in Russia! So long as the facts are unknown or suppressed, it is impossible to get effective action. Such action is usually difficult enough when conditions are widely known and confirmed. From any broad civic point of view the suppression of the report on housing conditions among negro employees of the University, made several years ago, was a mistake. As a result of that report a kind of protection to University students was given by the discharge of the negro employees; but the Borough of Princeton has continued to be burdened with an excessive rate of tuberculosis, with degradation among large numbers of its people, and a general spirit of apathy. The action of the University authorities in that case could not exactly be called a contribution to civic welfare.

Besides a general recognition of the facts, it would seem that, before intelligent and effective action can be taken with regard to them, there should be brought about a spirit of cooperation between the various persons, officials, and community agencies that have contacts with the problem. The spirit of individualism is strong in Princeton, and there is a tendency in civic effort for individuals to go off on a tangent, to the detriment of cooperative effort. Concentration of effort and team work on this problem might accomplish much.

Cooperation is hindered by the custom in the Borough of regarding community issues solely from the point of view of partisan politics. No great amount of aid to local problems from public officials can be had until these issues can be regarded apart from politics. In a community that has a great university and a Municipal Reference Bureau in its midst this severance between community problems and local politics should be easy. The consequence of not doing so is seen in the attitude of a public official who declared that he could not agitate for certain community improvements because his political motives would be suspected.

Possibilities As to Help from Public Authorities.

With a clear understanding of the situation, and a proper spirit of cooperation it is possible to consider definite clues to a solution. To this the agencies of the Borough government itself should make a contribution. The following are suggestions:

(a) The Borough Board of Health should take the matter more

firmly in hand, and if necessary, include within its budget provision for additional inspectors, so that knowledge of conditions and enforcement of the Borough laws may be better secured. Some work of inspection has already been done by the present force, but with inconsequential results. One cannot help remarking that the Health Officer and Sanitary Inspector have an almost negligible sense of the menace of present conditions, and a notion that it was of little importance to the community, as a whole, to consider how the "niggers" were living. To what extent this indifference on the part of employees is due to an apathy in the Board of Health itself, it is impossible to say. But it is undoubtedly true that a great many people in the community have little confidence in the Board of Health, as to any rigor of determination to do anything. Fumigation of premises after tuberculosis has been present is required by the State Board of Health and by the laws of the State of New Jersey. (See Compiled Statutes, page 2730, Para. 4, "An Act Concerning Tuberculosis, etc.") Yet the Health Officer stated to the writer that he did not fumigate, and that he did not think it was worth while. It is true that modern authorities believe that a general soap and water cleaning and airing is more effective than fumigation; yet in lieu of the former, which is hard to enforce, the latter means is the community's only safeguard.

On this point the Montclair Board of Health states:

"Disinfection is still performed in Montclair notwithstanding the fact that it has been entirely discontinued in a number of communities. We feel that if a room is vacated during the early stages of any of the principal diseases there is the possibility of infection remaining on bed clothing and other articles, and for cases of this kind disinfection should be performed. With our present limited knowledge in regard to tuberculosis we believe that disinfection and renovation are reasonable measures for preventing the transfer of infection, although we know that most cases of this disease are transmitted by direct contact with the patient, as are most cases of scarlet fever and diphtheria. If terminal disinfection were abolished, it is a question whether parents would be as careful during the course of the disease to keep children away from the patient as they now are when they feel that there is a danger in the room until after it has been disinfected. It is hard to make a householder see any distinction between the degree of infction during the early and late stages of the disease, and for this reason it is not recommended that disinfection be discontinued at present." (Montclair Board of Health Report, 1915, p. 53.)

In Montclair the death rate from tuberculosis in 1915, including deaths occurring at the County Hospital, located in Montclair, was 1.27 per thousand; in Princeton analogous rate for year ending October 31, 1915 was 1.41 per thousand. It is to be noted that Montclair is a city of over four times the size of Princeton. Yet with its larger mortality from tuberculosis the Princeton officials do not think it necessary to undertake precautions regarded as essential by the officials of Montclair.

(b) The Borough Council might adopt a **housing code** as other small towns have done. Such a code should be based upon the actual needs of housing in Princeton, as revealed in this and other studies that might be made. Like other codes it should include minimum standards of housing with reference to light, air, physical safety from

injury by fire and from dilapidated condition of premises, congestion, sanitation, and general decency. Such a code should have reference not only to new dwellings, but also to the remodeling of old buildings, where this is necessary in order to comply with minimum standards. Proper machinery for the enforcement of the code should be supplied.

(c) In addition to the establishment of a housing code, the Council might authorize a committee of citizens to act as a semi-official town planning board. Massachusetts towns do this under special requirement of state law. In the absence of any state law in New Jersey, however, Princeton could take the initiative in this important matter. Such a board could plan the artistic and proper social development of Princeton for a long period in the future, including such features as parks, recreation centers, schools, forestation and the like. It could conceivably establish minimum aesthetic standards for new houses, and prevent the present tendency, which permits Italian and other contractors to build ugly dwellings, which are no less expensive than good ones of the same quality. These projects, however, are for the future, and are therefore unlike the housing situation which we have described, and which is of immediate and paramount importance.

(d) In the work of housing inspection, the reporting of nuisances, and the investigation of the justice of complaints it should be possible to use the police whose present duties are not onerous. Before this is possible, however, it would be desirable to develop in the police a greater degree of social intelligence than is possessed by the present chief, who has the distinction of owning a dwelling which, for weeks, was found to be in a condition of intolerable filth.

(e) A more rigorous enforcement of the law concerning nuisances is desirable. The writer was led to seek the opinion of the State Board of Health regarding prosecutions under the nuisance sections of the Sanitary Code. An employee of the State Board stated that, if the evidence is properly secured, there should be no real difficulty in abating real nuisances as defined in the code. Nevertheless, though there has been a good deal of agitation concerning particular premises, and though condemnation proceedings are said to have been instituted, the premises are still occupied in a condition inimical to the health of tenants and the community. For people who are in earnest concerning the improvement of conditions it is of first importance to determine whether delay and difficulties with regard to prosecutions are due to real obstacles in the law, or rather to a lack of vigor on the part of Borough authorities.

Aid From Private Sources.

(a) Two private projects already undertaken in Princeton suggest the direction for further endeavor. The first is the block of houses at the foot of John St., erected and owned by the House Building Company. This is a brick block, and the houses are by far the most promising development in this section of town. Eight families, mostly negroes, live here in as many dwellings, each of which has its own water supply and toilet. The precise rents were not ascertained; but as the project pays 7% on an original investment of about $13,000, it is probable that, including a certain amount for depreciation, the rents range from $12 to $15, which is not more than is paid for dwellings in far worse condition. The very fact that a

project of the sort does pay 7% should encourage further developments of the same sort. If the owning and management of decent premises **pays**, it should not be difficult to encourage further building of a semi-philanthropic character. Of course, the price of materials at present is far above that when the John St. houses were built; but present prices are abnormal, and after the war, if not before the war is over, it should be possible to undertake additional house building to meet the needs of the laboring population of the Borough. Such a proposal makes a strong appeal, and there are many people in Princeton who would sympathize with it and aid in its fulfillment. There are many vacant lots in this part of town, and, in any case, it would be possible to go a little outside the Borough limits for such a project.

A description of house-building of this sort, developed in Cincinnati, to meet the needs of white and colored wage earning families, is to be found in "Low Priced Housing for Wage Earners," by Jacob G. Schmidlapp (National Housing Association Publications, October, 1916. 10 cents. 105 East 22nd St., New York.) It is there shown that an extensive housing development for negro and white wage earners has been conducted in Cincinnati, with a capital of $250,000, earning 5%. The houses cost, on the average $250 per room, including the cost of the land. Under this plan the Company pays the water rent, and rents houses of 4 rooms, including bath (for no house is built without bath) for from $7 to $8 per month. The houses are so arranged as to allow of community life among the colored and among the white groups respectively, and the whole experiment is such as to arrest the attention of Princeton citizens who are interested in doing something of the sort on a smaller scale. Of course, many projects of similar character have been made elsewhere. In such developments there is usually opportunities allowed for the acquisition of the houses by the tenants on easy terms.

The other private project in Princeton which holds promise is the recent organization of the Building and Loan Association. It is doubtful, as has been pointed out, whether this organization can meet the needs of the lower economic groups; but by developing homes for the upper groups of skilled workers, clerks, etc., congestion will be relieved, and indirectly the lower groups will be benefited. It is important to realize that housing needs in Princeton are not confined to any one group, but are general among instructors, townspeople, and laboring groups. One factor in this general need is the presence of the University and the fact that on the East and West sides of the Borough, large estates prevent further development of residence sections.

(b) Through private effort it should be further possible to employ a social worker as rent collector among the working people of the Borough. A trained woman working in this capacity could do much good in assisting housewives in management, and in helping well-intentioned landlords to keep properties in good shape. By such a person the standard of citizenship, of health, and of cleanliness and thrift would be immensely improved. It is certain that some of the landlords would welcome such an innovation as a sound business proposal.

(c) Finally, until some of the conditions have been dealt with in a scientific and statemanlike way a committee of citizens on housing should stand together to carry on the necessary investigation, agitation, and encouragement on behalf of the permanent improvement of Borough housing conditions.

PART II.

THE PUBLIC HEALTH

CHAPTER I.

Infant Mortality

One indication of the condition of health in a community is to be found in the infant and child mortality rates. On this point a comparison of Princeton with other towns of the same size in the state shows, that, whereas conditions are better in Princeton than in some of the New Jersey industrial towns, such as Roosevelt and South Amboy, for example,—yet there is great room for improvement in this matter in Princeton. The basis for the foregoing statement is contained in the data presented in the reports of the State Board of Health from 1911 to 1915 inclusive, and the records of the local Board of Health for 1915 and 1916.

At the outset it should be remarked that there is a discrepancy between the vital statistics for Princeton as found in the State Board of Health Reports and in the records of the local Board. The figures in the columns that follow from 1910 to 1914 are those of the State Board of Health. Where the local records vary, their figures are given in parenthesis. For 1915 and 1916 the figures are from the local Board of Health.

TABLE VIII

Mortality Rates for Infants under 1 Year and for Children under 5 Years for Princeton, from 1910 to 1916.

Year	Births	Deaths under 1 year	Rate per 1000 Births	Deaths under 5 years	Total Deaths	% Deaths under 5 years to Total Deaths	% Deaths under 1 year to Total Deaths
1910	82	9	109.7	11	78	14.1	11.5
1911	99	9	90.9	10	73	13.6	12.3
1912	110 (95)	9	81	13	65	20	13.8
1913	103 (107)	8 (5)	77.6	10	61 (63)	16.3	13.1
1914	118 (102)	11	93.2	13	73 (80)	17.8	15
1915	96	11	114.5	16	72	19.3	15.2
1916	124	20	161.29	32	78	41	25.6

It is quite probable that the birth statistics as shown by local records are sometimes less than those of the State Board of Health, because births of Princeton women that occur in the Trenton and other hospitals are not returned to the local Board but are sent in to the State Board of Health. But why the local records should exceed those of the state, as in 1913, is hard to see. The disparity is shown for the three years 1912 to 1914, inclusive, and amounts to 9 on the average for each of these years. This average added to the

number of births for 1915 and 1916 would make the number of births for those years, 105 and 133, respectively.

This would make the infant mortality rates for the years in question 104.7 and 150.3, instead of 114.5 and 161.29, assuming that the number of infant deaths remained as stated. This is a fair assumption, as there appears to be less variation between the local and state records in the case of deaths than there is for births.

The important inference from the foregoing table is that in recent years the infant mortality rate for the Borough of Princeton has been advancing, until in 1916, it reached at the least 150 for 1000 births. The general rate for the state of New Jersey in 1912 was 124, and in all probability it has been reduced since that time. Generally speaking, the infant mortality rate is being reduced, even in large cities. The New York infant mortality rate has been reduced from 114 in 1907 to 96.1 in 1916. This general tendency has been due to the increasing number of public and private health agencies that seek to save the lives of babies. The tendency in Princeton during recent years has been in the wrong direction, and suggests that more should be done for infant welfare in the Borough.

It might be thought that the high rate of infant mortality for the Borough in 1916 was due to the prevalence of infantile paralysis. But that disease caused the death of only 3 infants under one year of age, leaving 17 deaths due to other causes. What these other causes were will be seen from a table that is submitted further on in this report. (Table IX.) It will be noted in the last column of Table VIII that the percent of deaths of infants under one year among the total deaths in the community has steadily increased from 1910 to 1916. In 1910 infant deaths constituted 11.5% of the total deaths in the community; in 1916 they constituted 25.6% of total deaths. This situation should be one of grave concern.

If one considers not only infant deaths, but deaths of all children under 5 years of age, the facts concerning Princeton are no more reassuring. In the next to the last column in Table VIII is to be found the percent of deaths under 5 years to total deaths from 1910 to 1916, and it will be seen that this percent has increased from 14.1% in 1910 to 41% in 1916. Analagous percents are given in the report of the New Jersey State Board of Health for 1915 (page 27), giving figures for 1914, for 40 New Jersey cities. It is there to be seen that the percentage of deaths under 5 years to total deaths varies for these 40 cities from 11.1 (Red Bank) to 50.9 (Perth Amboy); but only 9 cities have a percentage of over 30, and only 2 cities over 40 percent. Princeton shows an extraordinary jump in Table VIII from 19.3% in 1915 to 41% in 1916.

The following table gives the causes of death for 32 infants and children under 5 years of age in Princeton for the year 1916. The table shows the date of death, the cause of death ascribed, and the nationality or rate of deceased. The figures are taken from the death records of the local Board of Health.

TABLE IX

Causes of Death of 32 Infants and Children under 5 Years of age in Princeton for the Year 1916, showing Race of Child, and Date of Death. (1)

Date of Death 1916	Cause of Death	Race by Age Groups		
		Under 1 Month	Under 1 Year and Over 1 Month	Under 5 Years and Over 1 Year
Jan. 1	Bronchitis		Italian	
Mar. 2	Bronchitis		Italian	
Sept. 28	Bronchitis			Italian
Feb. 3	Inflamatory Rheumatism		Italian	
Apr. 4	Jaundice		Italian	
May 5	Malnutrition		White American	
Aug. 6	Malnutrition		White American	
Oct. 7	Malnutrition		White American	
Aug. 25	Malnutrition			Colored
May 8	Pneumonia		White American	
May 23	Pneumonia			White American
Aug. 24	Pneumonia			Colored
Nov. 31	Pneumonia			Colored
July 9	Broncho-Pneumonia	White American		
May 10	Broncho-Pneumonia		Colored	
June 11	Broncho-Pneumonia		White American	
Sept. 26	Pneumonia			Colored
July 12	Spasmophilia		Italian	
July 13	Marasmus		Italian	
Aug. 14	Marasmus		White American	
Aug. 15	Anterior Polio.		Italian	
Sept. 16	Anterior Polio.		Italian	
Oct. 30	Anterior Polio.			White American
Sept. 17	Premature Birth	Colored		
Sept. 18	Atelectasis	White American		
May 19	Acute Colitis		White American	
Sept. 20	Acute Colitis		Colored	
Nov. 21	Laryngitis			White American
Jan. 22	Burns			White American
Sept. 29	Oedema of Brain			Colored
Sept. 27	Tuberculosis			Italian
Nov. 30	Burns			Italian

(1.)—Competent public health authorities would find much to criticize in some of the terms used in the above list. (See "Vital Statistics," G. C. Whipple, pages 269 ff. John Wiley & Sons, N. Y.)

From the preceding table it will be seen that the total number of deaths for those under 1 year, including those under 1 month, for 1916 was 20. As the number of births during the year was 124, this would make the infant death rate per 1000 births 161.29; or, as heretofore stated, if allowance be made for births which were possibly not recorded in the local records, the infant death rate would be approximately 150. It cannot be too frequently repeated that this is excessive.

Attempt is made in the following table to distribute the infant deaths among the three principal elements of the population. Whites, other than Italians, Colored and Italians. With this is also given the number of births for each of these groups, so that the death rates for infants can be figured for each group.

The data are taken from the Princeton Board of Health records for 1916.

TABLE X

Births and Deaths Under 1 Year of Age for Whites, Negroes and Italians, for Princeton, 1916.

Race	Other Whites	Negroes	Italians	Total
No. Births	79	20	25	124
No. Deaths under 1 year	9	3	8	20
Infant Death Rate per 1000 births	113.9	150	320	
General Infant Death Rate				161.29

From the above table it is seen that the excessiveness of the infant mortality in 1916 is greater among the negroes than among the whites, and still greater among the Italians than among the negroes. It should not be a matter of indifference to citizens that in 1916 in Princeton about one-third of the Italian infants born during the year, died.

From Table IX one sees that in addition to the 20 deaths of infants under 1 year there were 12 deaths of children under 5 years, but over 1 year. So far as there is any difference between the causes for infant deaths and for child deaths, it would appear that pneumonia and broncho-pneumonia figure a little more prominently in the child deaths. Also, tuberculosis, laryngitis, oedema of brain, are causes of child deaths. On the other hand, malnutrition, marasmus, and colitis occur mostly among infants under 1 year. There was one death from malnutrition of a colored child under 5 years of age. It is deplorable that 5 of the 20 infant deaths in 1915 were from malnutrition or marasmus, which is an extreme form of malnutrition. In other communities it has been found that malnutrition among children increased very greatly in 1916. In New York City this has been attributed to the increased cost of food. It is possible that the prevalence of malnutrition in Princeton among infants in 1916 may be due, in part, at least, to the same cause. With war prices there is need for all the more vigilance and aid on the part of the community to save the babies. In European countries during the war, though the birth rates have been cut, the effects of this have been partly overcome through more urgent campaigns for baby saving. In England during 1916 the infant mortality was brought down to

91, the lowest rate ever recorded. In 1913 it was 108. In Scotland a rate of 126 in 1915 was cut to 97 in 1916. All this spells increased activity for infant welfare.

Besides the increase in child and infant mortality, another feature of the situation in Princeton for 1916 was the larger ratio of child to infant deaths. As stated above, in that year this was as 12 to 20. The ratios for other years are seen in the following table:

TABLE XI

Ratio of Child (under 5 years but not under 1 year) to Infant Deaths (under 1 year) 1910 to 1916.

1910	1911	1912	1913	1914	1915	1916
4 : 9	1 : 9	4 : 9	2 : 8	2 : 11	5 : 11	12: 20

In general it may be stated that bad sanitation and housing affect the child death rate, under 5 years of age, more than they do the infant death rate. For example, a community night spend more care upon pregnant mothers, and upon their children during the first year. This would presumably cut down the infant mortality. But if nothing were done to remedy grave defects in housing and sanitation, an excessive death rate for children under five years of age might continue. It is needless to say that the problem must be attacked from both angles in Princeton.

The following table shows the child and infant deaths by months for the year 1916 in Princeton:

TABLE XII

Child and Infant Deaths in Princeton 1916 According to Months in Which they Occurred.

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
2	1	1	1	5	1	3	5	8	2	3	..	32

In the 7 years from 1910 to 1916, inclusive, 105 children under 5 years of age died in Princeton, or an average of just 15 a year. Of these 105 deaths, 77 were of infants under 1 year of age, or an average of 11 infant deaths per year. The New Jersey State Board of Health bases its figures for child mortality upon the rate of deaths of children under 5 years of age per 10,000 of the general population. For the state at large this rate has been steadily declining since 1879. (See page 28, 39th Report, 1915). In 1879 the child mortality rate for New Jersey was 77.40 per 10,000 of the general population. In 1914 it had been reduced to 36.04. For Princeton the rates on this basis was 25.3 in 1910; 28.3 in 1915; and 56.3 in 1916. These figures confirm the statement previously made concerning the tendency with regard to the infant mortality rate, namely, that in recent years the tendency in Princeton has been the reverse to that in the state at large.

A better indication of the actual situation could be had if, instead of the general population, the population of children under 5 years of age were used as a basis for computing the child mortality rate. As this is not done by the State Board of Health, the writer, using the child population figures as a basis, as given in the State Census for 1915, has made the following comparison of 9 cities of about the size of Princeton, with regard to their child mortality rates for 1914.

TABLE XIII

Deaths of Children under 5 Years of Age, and Death Rates per 1000 of Child Population in 9 New Jersey Cities of Population between Five and Nine Thousand, 1914. Also General Death Rate.

City	Deaths Under 5 Years	Population under 5 Years 1915	Child Death Rate per 1000 Child Population Under 5 Years	Population of City 1915 State Census	General Death Rate
Rutherford,	8	620	12.9	8347	8.46
Westfield,	19	757	25	8147	11.30
Roosevelt,	72	1363	52.8	8049	19.01
Nutley,	20	1033	19.3	7987	11.02
South Amboy,	37	862	42.9	7482	13.67
Salem City,	24	596	40.2	6953	17.03
Ridgewood,	7	486	14.4	6729	13.10
Vineland,	25	683	36.6	6531	20.06
Princeton,	13	506	25.6	5678	16.51

In the above table the towns with the highest child mortality rate, viz., Roosevelt, South Amboy, are very largely industrial. Nutley, Salem City, and Vineland are also industrial to a considerable extent. Princeton, which is non-industrial, has a considerably higher child mortality rate than the industrial town of Nutley. With nearly 3000 less population than Rutherford, it has nearly twice the child mortality rate. An interesting fact that comes out of the above table is that a town like South Amboy can have a very high child mortality rate, and yet have a comparatively low general death rate. The high general death rate of Vineland is accounted for in part by the presence there of 2 institutions for mental defectives, and a home for the aged.

The important conclusion from such a table is that for the year mentioned the child mortality in Princeton is exceeded by that of other towns of its size in the state, especially where the towns are industrial in character; but that for a town that prides itself on being non-industrial there is great room for improvement. Especially, when one comes to the years 1915 and 1916, when as seen in Table VIII the number of child deaths under 5 years jumps to 16 and 32 respectively for the two years, should the situation command attention. For in 1916, with an infant mortality rate of 150 per 1000 births, and child mortality under 5 years constituting over 40% of the total deaths, the condition becomes truly alarming.

What Princeton Lacks

When one considers what is at present done in Princeton to prevent infant mortality, one thinks of the Visiting Nurse Association who employs one nurse for the town work. Where all forms of sickness, excepting contagious diseases, and the care of infants and their mothers, require her services, there is possibly too much for one to do. The Board of Health does nothing except examine the milk that is brought into town. There is no milk station for the poorer people of the town; there is no dispensary to which mothers

can come and receive free medical advice, concerning themselves when pregnant, and their children when they are born; there is apparently no active propaganda with adequate publicity on behalf of infant welfare. Until recently an irresponsible midwife of questionable moral character has been operating in the town among the families of the poor. In the year 1913 the then Health Officer became concerned over the activities of this creature, and threatened to prosecute her if she did not report all births in which she participated. The result is that at the close of the birth records for the year 1913 one finds record of six births which this woman had attended. The dates of these previously unrecorded births are as follows: 1885, 1908, 1909, 1911; in two additional cases the years were not given. In regard to this episode one need only say that the speedy and accurate reporting of births is the cornerstone of all infant welfare work.

Since the experience of all progressive peoples and communities has demonstrated beyond doubt that infant welfare is purchasable to a high degree, it would be expedient for the Princeton citizens to seek the co-operation of the Federal Children's Bureau in organizing a "Baby Week" campaign, and adopting familiar measures for the promotion of infant hygiene that have been effective elsewhere.

CHAPTER II.

Tuberculosis.

Accompanying this report is a map showing place of residence in Princeton from which were reported to the local Board of Health 90 cases of tuberculosis from January 1, 1912, to December 31, 1916.[1] 92 cases were in reality thus reported during this period, but in two instances the local addresses were not given. From the reports of the State Board of Health it is ascertained that 94 cases of this disease occurred within the Borough from November 1, 1911 to December 31, 1916. These cases as seen on the map are distributed among the inhabitants of the Borough as follows: 48 white persons, other than Italians; 33 colored; 9 Italians.

A glance of the map will show that the majority of the cases were reported from the district that was included in the housing survey. There are, however, a large number of cases outside this district. At the following places more than one case has been reported as follows:

19 Murray Place, 2 cases; 7 Jackson, 3 cases; 31 Lytle, 3 cases; 13 Quarry, 2 cases; 54 Spruce, 3 cases; 48 Pine, 2 cases.

The data for the following table concerning deaths from tuberculosis in Princeton Borough are taken from the reports of the New Jersey State Board of Health, from 1911 to 1915 inclusive, giving deaths for years 1910 to 1914 inclusive. Figures for deaths for 1915 and 1916 are taken from records of the Princeton Board of Health. The death rates per thousand of the population are based on the population figures of the U. S. Census of 1910, of the New Jersey State Census for 1915; and on the estimates of the State Board of Health for the remaining years.

[1]See Map II, Appendix.

TABLE XIV

Deaths from Tuberculosis and Death Rates in Princeton, 1910 to 1916 (inclusive) Also, N. J. Mortality Rates from Tuberculosis, 1910 to 1914.

Year	Population	Source of Estimate of Population	No. of Deaths from Tuberculosis	Tuberculosis Mortality Rate per Ten Thousand of Population	Tuberculosis Mortality Rate per 10,000. New Jersey 1910-1915
1910	5136	U. S. Census.....	16	31.1	15.2
1911	4957	N. J. Board of Health..	6	12.1	14.9
1912	4779	N. J. Board of Health..	5	10.4	13.4
1913	4421	N. J. Board of Health..	2	4.5	13.
1914	4422	N. J. Board of Health..	9	20.3	13.2
1915	5678	N. J. State Census.....	5*	8.8	13.2
1916	5914	N. J. Board of Health..	8*	13.5	....

*These figures from records of Borough Board of Health.

Average population for 7 years	5044
Average No. deaths per year	7.285
Average death rate per 10,000 per year	14.4
Average death rate from tuberculosis for New Jersey, 1910-1915	13.8

From the above figures it will be seen that the state record, except for the last two years, from 1910 to 1915, shows a steady decline in the mortality rate from tuberculosis. The record for Princeton, is on the other hand, very irregular. There is a decline in the seven years from 1910 to 1916, to be sure, from the extraordinary figure of 31.1 in 1910 to 13.5 in 1916. In two of the years included, 1910 and 1914 the mortality rate from tuberculosis was greater in Princeton than in the state as a whole. The rate of 31.1 in 1910 exceeds anything in the state since 1879, which is as far back as recent reports of the state Board of Health go. Again, the figure of 20.3 in 1914 for Princeton has not been exceeded in the state at large since 1895. The figure for 1916 in Princeton is considerably higher than it was in 1911. It is also to be noted that the average for 7 years in Princeton is higher than the average for 6 years in the State.

Again, considering the deaths from tuberculosis in Princeton let us first compare the percentages for the state as a whole, and for Princeton, which the tuberculosis deaths are of the total mortality in the two instances.

TABLE XV

Percents of Total Deaths which Mortality from Tuberculosis Constitutes, for the Borough of Princeton and for the State of New Jersey, 1910-1915, also for Princeton in 1916.

Year	Per Cent for New Jersey	Per Cent for Princeton	Number of Deaths from Tuberculosis in Princeton
1910	9.82	20.51	16
1911	10.12	8.21	6
1912	9.59	7.69	5
1913	13.06	4.9	2
1914	9.45	12.32	9
1915	10.3	6.94	5
1916	....	10.25	8
			Total 51

As seen from the above table the percent of deaths which tuberculosis caused of the total deaths in Princeton in 1910 and 1914 exceeded the corresponding percent for the state as a whole. In 1910 a fifth, in 1914 nearly an eighth, and in 1916 a tenth of all the deaths in the Borough were caused by tuberculosis. The report of the State Board of Health for 1911 shows the extraordinary fact that Princeton had in 1910 the largest death rate from tuberculosis of 47 cities enumerated. It was at the same time one of the smallest cities in the list. (See report of the New Jersey State Board of Health, 1911, p. 53.)

Of the 90 cases of tuberculosis shown on the accompanying map, occurring from January 1912 to May 5, 1917, the race distribution was as follows:

48 white persons, other than Italians.

33 colored persons.

9 Italians.

Basing estimates upon the population of these three groups as given in the 1915 state census, the tuberculosis morbidity rates per ten thousand of the white, colored, and Italian population for the whole period were 108.4, 321.3, and 403.5 respectively. The incidence of this disease therefore appears to be three times as great for the negroes as for the whites, and nearly four times as great for the Italians as for native whites. As seen from the map the greater number of cases appear to be coincident with the worse housing areas of the community. There is therefore not the slightest doubt but that the excessive mortality and morbidity from tuberculosis in Princeton is definitely associated with bad housing conditions of the Borough which have been fully described in the housing section of this report.

TABLE XVI

Age Distribution of 90 Cases of Tuberculosis Reported to Princeton Board of Health from Jan. 1, 1912, to Dec. 31, 1916.

Age Group	Number of Cases
Under 5 years	2
5-9 years	1
10-14 years	8
15-19 years	5
20-24 years	11
25-29 years	11
30-39 years	26
40-49 years	15
50 years and over	11
Total	90

The above table indicates the familiar fact that tuberculosis makes its heaviest ravages among youthful and middle aged persons whose working power and efficiency should be at the highest level. However, 11 of the cases occur among children under 15 years of age.

The following table shows the number of cases from tuberculosis occurring in Princeton and 10 other New Jersey towns of between five and ten thousand inhabitants from November 1, 1911 to December 31, 1916.

TABLE XVII

Tuberculosis in Princeton and 10 other New Jersey Cities of Five to Ten Thousand Inhabitants, Nov. 1, 1911, to Dec. 31, 1916. Also Per Cent of Foreign Born and of Negroes in These Cities in 1915.

City	Population State Census 1915	No. Cases Nov. 1, 1911 to Dec. 31, 1916	Per Cent of Total Mortality Constituted by Tuberculosis in 1914	1915 Per Cent Foreign Born	1915 Per Cent Colored
Rutherford	8347	36	8.33	17	2
Westfield	8147	70	4.83	20	6
Roosevelt	8049	46	3.63	55	.01
Nutley	7987	51	12.65	25	.01
South Amboy	7482	22	6.73	21	.02
Ridgefield Park	7060	44	....	..	.....
Salem City	6955	56	1.73	8	15
South River	6691	81	....	52	.2
Collingswood	6600	78	....	8	.9
Vineland	6531	58	11.11	26	3
Princeton	5678	94*	12.32	20	18

*This figure is taken from the State Board of Health Reports. As remarked on page 45 the figures from the local Board of Health Records is 92 cases for calendar years 1912-1916.

From the above table it is seen that though Princeton is the smallest of the 12 cities enumerated, it had the largest number of

cases of tuberculosis during the period enumerated, and the percent of mortality due to tuberculosis in 1914 is next to the largest in Princeton.

Some light on this situation is doubtless thrown by a study of the distribution of the population, as regards the negroes and foreign born in these communities. It is seen by the table that Princeton has the largest percent of negro population of any city in the group, amounting in 1915 to 18 percent. It also has a 20 percent foreign born population. As most of the negroes and a large proportion of the foreign born are of low economic standards, a partial explanation of Princeton's excessive tuberculosis figures is here to be found. Still, it is also seen that Roosevelt and Vineland have a larger percent of foreign born in 1915 and yet a lower mortality percent than Princeton from tuberculosis. Also, Salem City has nearly an equal percent of negroes as Princeton and yet a tuberculosis mortality percent about one-tenth as great.

Another criterion as to the character of the population of the cities in the foregoing table would be found in the occupational grouping of the inhabitants. Data of interest bearing on this point is to be found in the 1915 State Census. According to this the percent of **unskilled laborers** among the total number classified in occupational groups was as follows:

Rutherford	40%	South Amboy..	34%	Collingswood ...	2%
Westfield	82%	Salem City.....	25%	Vineland	16%
Roosevelt	78%	Ridgewood	22%	Princeton	19%
Nutley	16%	South River...	73%		

Allowing for a reasonable amount of discrepancy between the different towns as to what is meant by "unskilled labor," it is still apparent that Princeton has fewer unskilled among its occupational groups than have some of the other cities enumerated. This simply means that Princeton is less industrial than these other communities. It should be a matter of concern to the citizens of Princeton that with a much smaller industrial population than Roosevelt, for example, Princeton has had a three times greater tuberculosis morbidity rate in the five year period from 1912 to 1916, and that in 1914 tuberculosis constituted in Princeton over 3 times the percent of total mortality than it did in Roosevelt.

It has been remarked that the morbidity from tuberculosis in Princeton is about three times as great among the negroes as it is among the whites. This ratio for the incidence of this disease for the two races is found elsewhere in the state. Unquestionably, therefore, an 18 percent negro population in Princeton is a factor in the high morbidity and mortality from tuberculosis in Princeton. However, the total explanation is not therein to be found. Montclair, for example, whose population in 1915 was negro to the extent of 12 percent had a mortality rate from tuberculosis in that year of 12.4 per ten thousand, as compared with Princeton's rate of 8.8 in 1915 and 13.5 in 1916. If one compares Montclair with Princeton during the six years from 1910 to 1915 one finds that the average annual mortality rate from tuberculosis, per ten thousand of the population during this period was, in Montclair, 11.1 and in Prince-

ton, 13.6. The difference in the percent of negroes in the two communities is not great enough to account for this difference in the tuberculosis mortality rates for the two communities. We are thus led to consider other factors, and, again, it may be said that the long neglected housing evils of Princeton, together with laxity of health administration, are additional factors in its tuberculosis situation.

Suggestions As To Tuberculosis

It is apparent to any reasonable and public spirited citizen of the Borough that more preventive work needs to be done in this matter. The writer would suggest the following considerations:

1. That the tuberculosis question in the Borough heretofore described makes it imperative that an attack be made upon existing housing conditions as described in the housing section of this report.

2. That there is need for aggressive agitation and educational measures on the part of the Board of Health with regard to the prevalence of tuberculosis in the community, and to ways by which individuals may protect themselves from infection when living in families where is the disease is present. The drastic measure of the Montclair Board of Health, in removing a child under 16 years of age from a family where there is a case of tuberculosis, unless the Board is satisfied that all precautions are being taken, is to be recommended. Of 90 cases from January 1, 1912 to Dec. 31, 1916, in Princeton, 11 were of children under 15 years of age. It is certainly time that the needless infection of children should cease.

3. That the local Anti-Tuberculosis Society should redouble its efforts in providing proper home care for and advice to incipient cases.

4. That there is need within the Borough of a free clinic for the examination and care of incipient cases, and of hospital facilities for cases that reach the advanced stages who are now in their own homes to the great detriment of other members of their families.

5. That the State law, requiring disinfection after cases of tuberculosis have left the homes, be enforced, instead of remaining, as now, absolutely disregarded by the health authorities.

6. That the tuberculosis exhibit that has been prepared by the New Jersey State Board of Health be secured for Princeton and shown at a conspicuous place in the town.

7. That a vigorous campaign be launched against the disease, engaging the active cooperation of the colored people, the Italians, and other groups whose welfare is menaced by the existing state of things. The colored school, churches, lodges should all be invited to cooperate in such a campaign; also, the labor unions of the Borough. If, together with the activities of these agencies, a real housing program could be launched, the citizens could, in a few years, phenomenally reduce the present high rates of sickness and death from this dread disease.

CHAPTER III.

Typhoid Fever and Other Contagious Diseases

Data As To Typhoid Fever

The following list of 29 cities shows cases of typhoid fever reported from these cities from October 31, 1911 to December 31, 1916, not including the months of November and December 1915. These months are omitted because beginning January 1, 1916 the State Board of Health adopted the calendar year instead of the year from November 1 to October 31; and this change left these months for separate tabulation. The result of the omission is to make an even 5 year period, though lacking a little in being completely consecutive. The data are taken from unpublished records of the New Jersey Board of Health. The cities are all from 5,000 to 10,000 inhabitants.

TABLE XVIII

Typhoid Fever Cases and Average Number per 10,000 Mean Population 1910 to 1915 for certain New Jersey Cities.

City	Typhoid Cases During Period Nov. 1, 1911 to Dec. 31, 1916 Exclusive of Nov. and Dec. 1915	Mean Population 1910 to 1915 U. S. Census 1910 N. J. Census 1915	Average Cases per Year per Ten Thousand of Mean Population
1. Hammonton	85	5492	31
2. Burlington	70	8705	16
3. Red Bank	57	8014	14
4. Rahway	51	9461	1
5. Princeton	49	5407	18
6. Woodbury	43	4965	17
7. South River	35	5731	12
8. Rutherford	33	7696	8
9. Haddonfield	33	4609	14
10. Collingswood	32	5697	11
11. Summit	31	8318	7
12. Sommerville	27	5559	9
13. Vineland	27	5956	9
14. Salem	25	6783	7
15. South Orange	25	5940	8
16. Boundbrook	18	4551	7
17. Westfield	18	7283	4
18. Ridgewood	18	6072	5
19. Dover	17	8219	4
20. Guttenberg	12	5984	4
21. Fort Lee	10	4880	4
22. Roosevelt	10	6917	2
23. South Amboy	9	7244	2
24. Nutley	7	6998	2
25. Boonton	7	5063	2
26. Ridgefield Park	6	7060*	1**
27. North Plainfield	5	6077	1
28. Lodi	4	5258	1
29. Madison	2	5143	.7

* Population for 1915.

** Based upon 1915 population.

From the foregoing table it will be seen that Princeton ranks fifth in the number of cases of typhoid reported to state authorities during the period in question. In the second column is a statement of the mean population of these communities 1910-1915, as based upon the United States Census figures for 1910, and the New Jersey State Census figures for 1915. In the third column is a statement of the average number of cases per year per 10,000 of the mean population 1910-1915, for each of the communities. A more precise population base would have been the average population of these communities from 1912 to 1916, but as this is not ascertainable, the mean population 1910-1915 is taken as sufficiently satisfactory for our purpose. This is to show how Princeton compares with other communities of nearly the same size with regard to average yearly morbidity from typhoid over a period of years.

It will be seen that whereas in absolute number of cases Princeton ranks fifth in the list of 29 cities, in the average number of cases per year, per ten thousand of the mean population 1910-1915, it ranks second with a yearly average of 18 cases, being exceeded only by Hammonton with an average yearly morbidity of 31. per ten thousand.

Now it is only fair to qualify this summing up of the situation as between Princeton and other comparable communities by stating, that in the population estimate for Princeton the student transient population is not included. Hence, if any cases of typhoid occurred among the student population, their numbers should be included in the population for purpose of making an estimate of the typhoid morbidity rate per ten thousand of the population. The number of cases of typhoid among students was not ascertained; but a maximum allowance for the student population is made in the following:

Mean Borough population 1910-1915	5407
Princeton Directory estimate of University and Seminary Students, not appearing among Princeton names, 1915	1819
Total	7226

Taking this figure, 7226, which is obviously high, (as an average of the student population over the period would be less than the figure for 1915,) we would have a yearly average of typhoid cases in Princeton per ten thousand of population of 13. instead of 18. as given in the table where the communities are compared. This would place Princeton in sixth place in the yearly average of cases, instead of in second.

Of course, this inclusion of the entire student population along with the Borough population assumes that the incidence of this disease among the students is as high as among the general population. This assumption is probably fallacious, as the students are a selected group with higher standards of living, and presumably protected from disease by the University Health Service, as well as by the sanitary measures of the local Board of Health.

The unescapable conclusion from the data is that in the period in question the prevalence of typhoid fever in Princeton has been relatively high as compared with its prevalence in other communities of approximately the same size.

A table compiled by the Borough Health Officer in 1915 from the Borough records, showing occurrence of typhoid in the Borough from 1902 to 1915 is as follows:

TABLE XIX

Typhoid Fever Cases in Princeton, 1902 to 1916.

Year	1902	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	Total
Cases	3	19	9	1	1	1	2	6	2	0	8	11	11	12	6	92

Average number of cases per year 1902 to 1916..... 6.133
Mean population 1900 to 1915..... 4788
Average number cases per year per ten thousand of mean population.. 12.8

The incidence of death from typhoid fever in Princeton has been not commensurate with the prevalence of the disease, there being during the period November 1, 1911 to December 31, 1916, or 5 years and 2 months, only 3 deaths.

Food Protection from Contagious Disease

Considering the amount of community protection from typhoid fever and other contagious diseases one may say that this involves control of food, water and milk supplies, as well as the prevention of contagion through contact with infected persons. A word may be said with regard to each of these kinds of protection in Princeton.

Food

With regard to protection of food, the first 15 articles of the sanitary code are devoted to this subject. These sections refer to the protection of food from flies in stores, restaurants and upon delivery; to the cleansing of dishes, plates, glasses in restaurants; to the sale of condemned food; to the use of well water; and to other matters. The effectiveness of these sections depends upon the amount and kind of inspection conducted by the Health Officer. Occasional inspections are made by this officer, and during the period of this investigation at least one resturant was threatened with fine. There is, however, no provision in the Sanitary Code for the examination of food handlers, a matter that has been made compulsory in the city of Montclair. The writer saw a man with conjunctivitis ("pink eye") serving behind a food counter. It was stated to the writer, moreover, that a waiter in a food shop was thought to be responsible for one outbreak of typhoid in recent years. It is safe to say that the standards and the regularity of food inspection in the Borough are inadequate. It is, moreover, undoubtedly true that in the poorer parts of town the absence of screens, and the prevalence of badly-flushed, fly-breeding toilets, as described in the housing report, submit the food and the people of this part of town to the dangers of infection. It is conceivable that the high rate of infant mortality with which Princeton has been visited in some years bears relation to the failure of the community to abate these foul toilets. In the housing report mention was made of a negro who lived in filthy condition, in a double house, where there had been three deaths from tuberculosis and one case of infantile paralysis in recent years, and yet who was permitted by the health authorities to peddle food from a wagon each night in front of the post office. A former health officer told the writer of another negro with syphilis who was found selling food from a "hot-dog" wagon on a day of one of the big university games.

Water

With regard to the Princeton water supply the report of the State Board of Health for 1912 states as follows:

"On April 24, 1912, an inspection was made of the water supply system of the Princeton Water Company. The supply is derived from two deep driven wells and from a dug well into which lead a number of terra cotta pipes for collecting ground water some distance from the well. The water from the driven wells is pumped by the air lift process into an open concrete reservoir, having a capacity of about 275,000 gallons. Considerable trouble has been had with microscopic organisms in this reservoir during the summer months. B. coli has been found present in a large number of samples from this supply, and it is probable that the source of this is from the dust from the neighboring fields blowing into the open reservoir. The average daily consumption is about 275,000 gallons."

The report of the State Board of Health for 1915 states that the supply of water for Princeton is from 4 wells, that it is given no treatment, and that the daily consumption is about 600,000. There seems to be no question raised in the latter report concerning the wholesomeness of the Princeton water. Unfortunately, for the poorer people, of the Borough, however, the rates for water in Princeton are among the highest in the state. (See Statistics of Public Utilities, 1914, p. 219, published by Public Utility Commission of N. J.) The effect of high rates upon the general health of the community would be hard to measure, though they are undoubtedly to some degree detrimental.

In the report on Housing attention was called to the fact a number of wells within the Borough limits were still being used for drinking purposes. This is a direct violation of Section 13 of the Sanitary Code.

Milk

With regard to the milk supply of the Borough, the source is to be found in 34 dairies, and the supply is distributed by 17 dealers. Inspection of the dairies is made twice a year by the local Health Officer. Milk tests are made each month, and the dealers are rated, the ratings being published in the local newspaper. Suspicious dealers are carefully scrutinized. In 1911 the State Board of Health inspected the dairies that supplied Princeton and gave them an average score of 62.75 per cent. In April, 1912, another inspection was made which showed an average of 72.75 per cent. The report of the State Board of Health for 1912 has the following comment upon the milk situation in Princeton:

"During the past year the dairymen supplying Princeton with milk have held meetings and conferences with the health authorities, and a scheme now in operation awards prizes to producers having low bacterial counts. The dairy scores in this locality have heretofore been published in the local weekly paper but the results of the coming dairy inspections will be published on bulletins which will be posted in store windows, the public library and the public schools. The prizes consist of $15, $10, and a silver loving cup, this last prize to be given to the milk dealer who has the highest standing for the year. Dairy score, bacterial analyses, and richness of milk enter into the scheme for rating the milk supplies."

In the reports of the State Board of Health since 1912 there is

no mention of the Princeton milk situation; nor has the method of awarding prizes to dairymen been pursued in recent years. In 1915 the then Health Officer attributed 5 of the 12 cases of typhoid occurring that year to milk.

Comparative Requirements Concerning Milk as Between Princeton and Montclair

The following comparison between Princeton and Montclair with regard to provisions in the Sanitary Codes of these two communities for the protection of the milk supply may be of interest:

	PRINCETON	MONTCLAIR
	Sanitary Code, Adopted Jan. 17, 1916	**Sanitary Code, Adopted May 20, 1907**
1	Milk dealers must supply list of names of dairies supplying them.	Same provision; and also must supply names of persons to whom is sold; also, names of persons from whom ice for cooling is obtained.
2	Dairies inspected by Health Officer. No dairy can ship that has rating of less than 60 percent, as per record of N. J. State Board of Health.	Dairies inspected by veterinarian of Board of Health.
3	Very general provisions of 5½ lines concerning cleanliness of dairies and stables, and care of animals.	Very specific provisions of 40 lines concerning same.
4	No provisions.	Certificate of Health for each cow in herd from some approved veterinarian required yearly; such ctf. to include evidence of tuberculin test having been given; all cows that react to be removed at once from herd, and ctfs. to be filed for new additions to herd.
5	No provisions.	Specific provisions concerning cleanliness of cows.
6	Maximum Bacteria count allowed 500,000 per cu. centimeter.	Maximum allowed, 100,000 per cu. centimeter.
7	No provision.	No milk from dealer who handles a supply not approved by Board of Health, as well as one that is so approved.
8	No provision.	No use of distillery or brewery grain permitted in feeding cows.
9	No provision.	No milk to be delivered, stored or transported at over 50 degrees F.
10	Penalty for each violation of Code, $2.	Penalty for each violation $25.
11	Infant Mortality rates: *1915, 104 to 114 per 1000 births. *1916, 150 to 161 per 1000 births.	Infant Mortality rates: 1915, 65 per 1000 births.
12	Percent of total deaths constituted by deaths of children under 5 years of age, 1915. 19.3 percent. 1916. 41 percent.	Same: 1915, 16.7 percent.
13	Morbidity from Typhoid Fever per 10,000 inhabitants, including Univ. and Seminary, as well as Borough pop.: 1915, 16.5	Morbidity from Typhoid Fever per 10,000 inhabitants: 1915: 2.8.

*The lower rate means that maximum allowance is made for births of Princeton mothers occurring possibly in Trenton. See Chapter 1, Part II, Infant Mortality.

Unquestionably, other factors besides the kind of control exercised over milk are responsible for the excessive rates of infant mortality and the excessive incidence of typhoid in Princeton as compared with Montclair; yet it is more than possible that some of this difference prevailing between the two communities can be accounted for by the difference in standards of milk control in these cities.

The Princeton Sanitary Code contains the salutary provision to the effect that no milk bottles or other containers can be removed from a house where there has been communicable disease, unless they have been properly sterilized under the direction of the Board of Health. But the fact that part of the population of the Princeton community lives outside the Borough limits prevents the health authorities from having the entire jurisdiction that they should have in this matter.

Contact with Infectious Persons

With regard to prevention of contagion by contact with infectious persons, the Sanitary Code gives the health authorities full power for the examination, removal, and isolation of such persons. But the fact that the Borough suffers at different times each year a great influx of people who come to see the big games or attend college festivities aggravates the problems involved in the spread of contagious diseases by contact.

In the matter of the control of children's diseases a real handicap exists in the fact that no medical supervision is exercised over the children in the Parochial School, whose enrollment in 1915 was 139, or more than one-fourth the number attending the Public Schools of the Borough. In 1916 an epidemic of measles, which was said to have arisen in the Parochial School, affected 383 persons, mostly children, before it abated. The total school enrollment, including those in private and parochial schools in 1915 was 824.

Further Statistical Data

At times the Borough seems to be hard hit with contagious disease. For example, in the year ending Oct. 31, 1915, there are recorded in the statistics of the State Board of Health for Princeton 17 cases of tuberculosis, 16 of diphtheria, 14 of typhoid fever, 66 of malaria, and 14 of scarlet fever. In the year ending October 31, 1913, there were recorded 32 cases of scarlet fever. From November 1, 1911, to December 31, 1916, there were reported from the Borough 283 cases of malaria. Aside from the special university occasions of ingress and egress, the usual going and coming of students has probably something to do with the rate of morbidity from some of the contagious diseases, though tuberculosis and malaria would not thereby be affected.

In the summer of 1916 the epidemic of anterior poliomyelitis occurred in Princeton, causing 16 cases and 8 deaths. The death rate for this number of cases was unusually high.

Table XX shows the cases of and deaths from certain contagious diseases in 11 New Jersey towns from November 1, 1911, to December 31, 1916. The cities are those of from 5,000 to 10,000 inhabitants, and are therefore comparable. The towns are the same for which previous comparisons in regard to tuberculosis and infant mortality have been made in other sections of this study. Not counting the transient student population, Princeton is the smallest of these 11 communities.

TABLE XX

Table showing number of Cases and Deaths from certain Diseases in 11 New Jersey Cities from November 1, 1911 to December 31, 1916. Cities are those of from 5,000 to 10,000 inhabitants.

City Population 1915	Tuberculosis		Diphtheria		Typhoid Fever		Malaria		Ant. Pol.		Scarlet† Fever	
	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
Rutherford....8347	36	26	46	2	33	5	4	.....	10	1	46	3
Westfield....8147	70	34	40	1	18	3	.....	.....	9	2	25	1
Roosevelt....8049	46	23	41	3	10	3	.....	.....	2	2	12	1*
Nutley....7987	51	34	27	7	7	.....	.....	.....	19	2	20*	1*
South Amboy....7482	22	22	46	6	9	1	1	.....	5	1	41	1
Salem City....6953	56	60	33	2	25	2	1	1	24	7	39	0
Ridgewood....6729	66	33	38	5	18	1	.....	.....	1	.....	18	0
South River....6691	81	47	38	4	35	4	.....	1	2	1	25	3
Collingwood....6600	78	42	44	2	32	1	6	.....	5	1	31	0
Vineland....6531	58	63	72	2	27	4	.....	.....	15	5	11	0
PRINCETON....5678**	94	40	36	3	54	3	283	.....	18	8	50	0

†Scarlet Fever cases and deaths are for the period Nov. 1, 1912 to Oct. 31, 1915.
*For two years only; viz., Nov. 1, 1912 to Oct. 31, 1913 and Nov. 1, 1914 to Oct. 31, 1915.
**This is the Borough population exclusive of students at University and Seminary.

Among the cities enumerated during the period in question Princeton has the largest number of cases reported from **tuberculosis, typhoid fever, malaria** and **scarlet fever.** The **deaths** in Princeton from **anterior poliomyelitis** are the greatest in number of any city in the table; in the number of **cases** from this disease Princeton ranks third on the list. On the other hand, in the case of diptheria Princeton appears to rank low. But the record as a whole does not speak well for sanitary control within the Borough.

Malaria

With regard to the control and abatement of malaria in Princeton the following statement is made in the "Princeton Packet" in the spring of 1917:

"In a paper read before the New Jersey Mosquito Extermination Association at their fourth annual convention, held at the hotel Traymore, Atlantic City, Dr. Ulric Dahlgren told the members how malaria in Princeton dropped from 127 cases in 1914 to only 8 in 1916. It was found that malaria was being spread by the mosquito, he said.

One of the worst spots for mosquito breeding in this territory was "The Basin" a mile south of the town, along the Delaware and Raritan Canal, which for years has been in disuse. The work of draining the area adjacent to this basin, and the streams near it, was undertaken by the Princeton Board of Health in conjunction with the University, the Pennsylvania Railroad, the Rockefeller Institute, the Walker-Gordon Farm, State Board of Health, New Jersey Experiment Station, and the Mercer County Mosquito Extermination Commission, under the direction of Charles S. Sincerbeaux, Civil Engineer.

Preliminary investigation, said Dr. Dahlgren, showed that the malaria carrying mosquitos bred in this territory and flew from it as far as Princeton. Results already obtained have encouraged the Princeton and Mercer County authorities, and it is hoped that enough funds will be available to complete the work. With the breeding places gone the mosquito will die out and malaria cannot be transmitted."

The Drastic Standards of Montclair

It is with no desire to make invidious comparisons between Princeton, especially, and Montclair, that standards of the latter city with regard to protection from contagious diseases are outlined in what is to follow. The standards of Montclair in health matters have achieved an almost national recognition, and many other communities might well consider them.

In 1913 Montclair issued a hand book on Communicable Diseases for use of physicians, families, nurses, teachers, and others. This handbook gives a simple intelligible outline of the nature of communicable diseases to which a community like Montclair is liable. It also stipulates regulations of the Board of Health of that city with regard to these diseases. The following is a condensed statement of some of these important and unusually drastic regulations, and of the activities of the Board of Health.

In the case of contagious diseases whenever authorities deem it necessary notice of cases are given to the milkman, public library, principles of schools attended by children of a family in which a case develops. Disinfection is performed, whenever compulsory by the Code, or whenever a citizen requests it. Specimens are examined, free of charge, from suspected or actual cases of diptheria, typhoid fever, tuberculosis, malaria, or venereal diseases, provided the patient lives in Montclair. Any kind of immunizing or curative sera or vaccine is furnished free to indigent persons. A nurse is employed by the Board for tuberculous cases, and for infant and maternal hygiene.

In **scarlet fever** cases the following are highly protective measures enforced. After visit by inspector, if the case occurs in a house where there are three or more families, compulsory removal to a hospital is required, unless the apartment in which the patient resides can be completely isolated through private entrances and toilets. In case the patient cannot pay for the hospital treatment, the expense is borne by the Board of Health which makes the arrangement with the hospital. In no case will children who live in a house in which there is a case of scarlet fever be allowed to attend school, Sunday school, or any other gathering of children. No teacher is allowed to enter a school building while living in a house in which a case of scarlet fever exists. In no case will a wage earner be allowed to go to his business, if he be a conductor or motorman, or if he be connected with a store, postoffice, milk business, or other place where the public might be exposed,—if he lives in a house where scarlet fever exists. No articles shall be taken to a public laundry from a house that is placarded for scarlet fever, nor can they be sent out to a private individual. No person may remove milk bottles from a house or apartment where there is scarlet fever, unless these are disinfected by the Board of Health. If the same individual cares for the patient and also looks after the general housework, no one except the physician will be allowed to enter or leave any of the rooms occupied by the family. In all such cases the children in the family must be kept on their own premises and away from the street line. No disinfection may be performed after a sickness of less than four weeks.

Rules similar to the foregoing are laid down for **diptheria.**

In regard to **measles,** cases must be reported to Board of Health

by the attending physician or by the head of the family within 12 hours. The patient must be kept within the house, and no child is allowed to enter the house, until all symptoms of the disease have disappeared. In no case shall this period be less than 15 days. Children in a family in which a case of measles develops will be excluded from school for 15 days, unless they can furnish a physician's certificate to the effect that they have had measles. A similar provision pertains with regard to teachers.

In cases of **Whooping Cough** the head of the family where the disease exists must not let other children enter the house, or yard, if the patient is out of doors. Also, all children who have a suspicious cough must be excluded from school until readmitted by the medical inspector. Children with this disease must remain on their own premises and away from the street line.

In cases of **tuberculosis** representative of the Board of Health makes visit to see that proper precautions are being taken. If there is any reason for believing that patient is careless in disposing of sputum, he is sent to County Hospital in accordance with state law. No patient is allowed to read books that are obtained at Public Library, nor is such a one allowed the use of the reference or reading room of the library. Every room or apartment that is vacated by a tuberculosis person must be disinfected at once in accordance with State law. Free clinical examination is given to tuberculosis suspects at hospital within the city.

In cases of **Typhoid Fever** all patients must be removed to hospital, unless it can be shown to the Board of Health that there are facilities for care of the patient in the home without danger to others. In accordance with the ordinance of the Board of Health requiring compulsory examination of food handlers 288 blood specimens were examined in 1915 for the detection of possible typhoid "carriers."

In regard to **Venereal Diseases** Montclair required the reporting of these even before they were made reportable by State law 1917. The Board of Health since 1913 has made the Wassermann test for syphilis without charge, and also makes free bacteriological analysis for detection of gonorrhoeal infections. The Board furnishes free treatment of indigent persons for these diseases.

The following serum and vaccine treatments are offered free by the Board of Health:

Antitoxin in indigent cases of diptheria.
Vaccination of indgent persons.
Pasteur treatment for indigent persons.
Treatment of indigent venereal cases.
Typhoid Fever immunization in all cases.
Other treatment if occasion arises.

The foregoing presentation of some of the unusually rigorous measures of the Montclair officials represents advanced standards of public health measures in American communities. Based upon the sum appropriated by the Town Council, in 1915 this service was rendered at a cost of 45c per capita. On a similar basis the Princeton per capita cost of health service in 1915 was 29c. But the fact that Princeton University contributes to the health budget in Princeton makes the financial situation of that town somewhat peculiar, and it is discussed in what is to follow.

CHAPTER IV.

Financial Aspects and Further Needs.

TABLE XXI

Statement of total Revenues and of Sources thereof, also of Per Capita Appropriations, based upon Borough Population, and Borough and University Non-Resident Population for 1915, Princeton Board of Health, for a Series of Years. Material taken from Annual Reports of the Borough of Princeton.

	Sources of Revenue								Per Capita Appr	
Year	Bal. Jan. 1. on Hand. $	Boro. Appr. $	Univ. Appr. $	Semi-nary. Appr. $	Other Sources. Licenses, Etc. $	Total Revenue. $	Boro. Pop.	Boro. Univ. Pop.1915 Including Seminary	Boro. Pop. $	Boro. Plus Univ. Sem. Non-Res.
†1917	.....	2200	.....	.....	.....	.....	5894***	.....	0.37	.....
†1916	436.53	2000	.....	.....	.....	.....	5786***	.....	0.34	.....
1915	311.60	1700	750.00	.....	489.39	3250.99	5678	7587..	0.27	.....32.
1914	396.49	1350	750.00	.....	470.50	2966.99	.....	.....	.....	.....
†1913	254.37	.....	.....	.....	.....	.....	.....	.....	.....	.....
1912	159.89	618	937.50	.....	316.35	2031.74	.....	.....	.....	.....
1911	83.86	200	150.00	200	148.77	882.63	.....	.....	.....	.....
1910	86.82	275	.....	.....	314.00	675.82	5136	.....	0.05	.....
1908	174.16	100	.....	.....	169.60	443.76	.....	.....	.....	.....
1905*	170.32**	200	.....	.....	160.85	630.17	6029	.....	0.03	.....

* Period April 17 to December 31, 1905 †Data for 1913, 1916 and 1917 are incomplete.
**On Hand April 1, 1905. ***Estimated.

In connection with the foregoing table there are the following points to be noted:

1 There is a notable improvement in the amounts of money appropriated by the Borough Council for health purposes from 1905 to 1917, being $200 in 1905 and $2200 in 1917.

2 The per capita appropriation, based upon the Borough population, and the amount appropriated by the Borough Council has increased from 3 cents in 1905 to 37 cents in 1917.

3 Since 1911 Princeton University has made appropriations for the health work of the Borough, although data for 3 of the years since then on this point is not given in financial reports of the Borough.

4 In 1911 the Princeton Theological Seminary made a contribution of $200.

5 In 1915 the per capita appropriation, based on the University and Seminary population, and including the amount appropriated by the University, was 32 cents.

6 The first column of the table indicating the amount of surplus left over from the revenues of each year seems to show an undesirable tendency towards a husbanding of the funds of the Board, instead of spending them up to the limit in health protection. For example, though in 1911, the Borough appropriated $200, and the total revenues $882.63, on January 1, 1912 there was an unexpended balance of $159.89, nearly 80 percent of the amount the Borough had appropriated; and in the year 1910 Princeton had a death rate from tuberculosis of 3.11 per thousand or one of the highest ever recorded in the state. That the following year the Board of Health saved nearly four-fifths of the amount appropriated by the authorities, instead of spending it upon preventive work in tuber-

culosis indicates an ignorance of real conditions, or a penuriousness that are incompatible with high standards in health work. A glance at the 1st column in the table shows that this extremely conservative tendency is manifest throughout recent years.

The following shows the percent of total revenues of the Board of Health that have been annually unexpended in recent years: 1910, 12%; 1911, 18%; 1912, 12%; 1914, 10%; 1915, 13%.

In contrast to this is the bold policy manifest from the financial reports of the Montclair. From 1913 to 1915, inclusive, with total revenues of over $10,000, the Board of Health of this town saved out of its revenues, 1.4 percent in 1913; $4.42 in 1914; and 4 percent in 1915. Well may its Health Officer speak with satisfaction of the work of the Montclair Board of Health in the report for 1915 in the following terms:

"Health conditions throughout the year were most satisfactory, as far as may be judged by a study of the discussions under the different main subdivisions of the report. The death rate was the lowest, with one exception, during the last 30 years; the infant mortality rate was within one point of the lowest ever recorded for the town, and the deaths of children under 5 years of age showed a decrease of 24 per cent over the previous year. Only 36.4 percent of the deaths were of persons under 45 years of age; there were comparatively few cases of communicable diseases reported, and there were no deaths from diptheria, scarlet fever, or measles." (21st report of the Board of Health of Montclair, 1915, p. 15.)

A Scientific Distribution of the Health Budget

Modern health authorities are directing a good deal of attention to the scientific study of health budgets, aiming at a more effective division of the funds available. Thus, Mr. Franz Schneider of the Russell Sage Foundation makes the following analysis of relative importance of different branches of health work, indicating that the distribution of efforts and funds should be in accordance with this analysis. (See National Municipal Review, May, 1917.)

Control of communicable diseases:

	%
Tuberculosis	12.1
Venereal diseases	6.6
All others	25.3
Infant Hygiene	20.3
Privy and Well Sanitation	3.5
Milk Control	2.7
Fly and Mosquito Suppression	2.4
Food Sanitation	.1
Inspection of School Children	7.
Vital Statistics	5.
Education	5.
Dispensary and Clinics	5.
Laboratory	5.
	100.%

It will be seen that according to the above criteria 44 percent of the effort and funds of health authorities should go towards the control of communicable diseases; and over 20 percent towards infant hygiene. In Princeton virtually none of the public health funds are devoted to this latter purpose, although in 1916 the community suffered a very high infant mortality rate. Bacteriological analyses are made in Princeton for detection of tuberculosis and the venereal diseases, but it is certain that the health authorities do not expend over 18 percent of their effort (as above) for suppression of these diseases. Very little is done in Princeton by the Board of Health for education; and nothing at all in clinical and dispensary work, though the relative importance of these objects are estimated at 10 percent in Schneider's table. Medical Inspection of school children is awarded an importance of 7 percent in the above analysis. In Princeton as in many other communities the funds for this work come from appropriations for school purposes.

An Expense Account for 1915

The following is a copy of the Expenses of the Princeton Board of Health, from January 1, 1915, to January 1, 1916, as taken from the pamphlet of Annual Reports of the Borough of Princeton for 1915:

Salaries	$1945.17
Laboratory	251.94
Mosquito Campaign	100.23
Community Cleansing Committee	57.
Attorney	49.61
Registrar of Vital Statistics	19.20
Incidentals	391.31
Bank Balance	436.53
Total	$3250.99

The above statement is an improvement upon former reports, which simply set down the names of persons to whom money had been paid by the Treasurer of the Board of Health; but it still leaves much to be desired both from the point of view of accounting and of the community health. In the first place, the salary total includes that of Health Officer and of Inspector, and is obviously inadequate for securing the services of competent persons, except as they may regard the Princeton work as a kind of training school for better paying jobs. In the second place, so far as vital relation to health is concerned, the amount spent for community cleansing would not seem to be a proper outlay for the Board of Health, but might better be borne by the Street Cleaning Department of the Borough. This amount might well have gone to make up the very grave deficiency in infant hygiene. Thirdly, it will be noted that $391.31 is put down as money spent for "Incidentals." Excluding salaries, this amount is considerably over one half the money actually spent by the Board during the year. Such extraordinary accounting could only survive in a small town where efficiency in public work was, to say the least, dormant. The large unexpended bank balance has already

been commented upon in a previous part of this report. In conclusion, it may be said that the whole statement gives no adequate clue as to what is being done with the funds.

School Inspection

The Borough Board of Education spent upon medical inspection in the schools during the year ending June 30, 1916, $1493, of which $1450 went for salaries of school nurse and of medical inspector. The work of school medical inspection in Princeton has been commended by State authorities. The gravest need is for its extension to the private and parochial schools of the Borough. It has been before stated that an epidemic of measles in 1916, which was supposed to have arisen in the parochial school finally affected 383 persons, and involved the partial closing of the schools. The Medical Inspector states in the report for the above year that, excepting measles and influenza, the amount of communicable disease had been "normal." It might be of interest to know what are his standards of "normality" in this matter.

Hospital and Dispensary Needs

So far as equipment is concerned two of the most urgent needs for better health work in the Borough are a hospital and a dispensary. Attempt was made in this study to get from the Trenton Hospital statistics of their Princeton cases, but without success. It is a well known fact that much needless suffering occurs in the Borough, either because patients are not sent to hospitals when they should be, or because when they do go, they have to be taken to Trenton, 11 miles away. There has been considerable agitation for a hospital in recent years; but as yet (1917) one has not been provided. Moreover, it goes without saying that with a comparatively large working population there should be provided a dispensary for incipient and minor ailments. The excellent work of Princeton for the Red Cross in the war should, following the war, be directed towards supplying the community with very much needed facilities.

The following statement from the "Princeton Packet" for March; 2, 1917 is an expression of one aspect of public opinion on the question of the hospital.

"Since the publication in the 'Packet' of the need of a hospital in Princeton, and the suggestion that the Princeton Inn would make an ideal location, a deal of iterest has been manifested in the project, and a number of suggestions have been made to the editor, and the one that seems most feasible as to location and desirability as a hospital is Thomson Hall. As is known Thomson Hall is the property of the Borough of Princeton, having been deeded in the will of the late Mrs. Josephine Swann, for the use of the people of Princeton. This building has a number of large rooms which would be ideal as hospital wards. All conveniences necessary for a hospital could be easily installed. The location could not be improved upon for such an institution. Surrounded by large and beautiful lawns, and since the only noise in that location would be the bells of the University and Seminary, it would afford a quiet and central location.

"There is an endowment fund of $30,000 for its maintenance, which nets about $1500 per year. This with other municipal resources and buildings under the supervision of the Village Improvement Society, would be almost ample to defray the expenses of maintenance. ————"

PART III.

Dependency—Public and Private Charity.

Chapter I.
Public Poor Relief in Princeton.

The following table will give at a glance the appropriations and disbursements from Borough funds for poor relief during a period of 9 years (not completely consecutive) from 1906 to 1917:

TABLE XXII

Resources and Disbursements, Public Poor Relief
Princeton, 1906-1917

	Receipts and Appropriations				Disbursements			
Year	Appropriations $	Salaries $	Transferred from others Accounts $	Other Sources of Revenue for Poor Relief $	General Relief $	Sal. of Overseer of Poor $	Sal. of Boro. Phys. $	Unexpended. $
1906—	1000	.....	.....	778.06 (bal.) 8.00 (fines) 445.36 (Princeton Twp.)	327.68	96.57	.....	1807.17
1908—	1000	.....	.....	.....	528.41	105.36	125.00	241.23
1910—	750	125.00	250.00	.....	775.09	100.00	125.00	134.90
1911—	1000	125.00	200.00	.....	1042.17	100.00	125.00	56.83
1912—	1200	.....	300.00	.....	1230.14 Inc. 128 for medical service	99.96	.....	169.90
1914—	1500	225.00	12.65	.....	1512.65	100.00	125.00	.....
1915—	1500	225.00	125.28	.....	1625.28	100.00	125.00	.....
1916—	1500	125.00	.....	.....	1330.57	.....	125.00	169.43
1917—	1800	225.00	.....	.....	1758.21	100.00	125.00	41.79

Relation of Poor Relief to Growth of Population

The above data are taken from the annual reports of the Borough for the years in question. It is shown by the table that the question of poor relief, financially, at least, is assuming increasing importance for the Borough. The total expenditure including salaries of Overseer and Physician have increased from $424.25 in 1906 to $1,983.21 in 1917. This is nearly a fivefold increase. The State Census gives the population of the Borough as 6,029 in 1905, and as 5,678 in 1915. There is probably error in the figures of the State Census for 1905, for the Federal Census figures for 1900 give Princeton a population of 3,899, and the Federal estimate for 1910 is 5,136. It is not probable that the figures for the intervening period should be 6,029, the estimate of the State Census, unless it had a different basis from that of the Federal Census. According to the Federal figures for 1900 and 1910, and based on the estimated yearly increase, the population of the Borough in 1905 should have been 4,517. The State Census figures for 1915, namely 5,678, is more in accordance with the Federal estimate for 1910, which was 5,136. It is reasonsable to assume the correctness of State figures for 1915. The increase in population from

1905 to 1915 was, then, from 4,517 to 5,678, or an increase of about 25%; whereas the increase in expenditures from the Borough treasury for care of the poor during the same period was about 367%. Obviously, the financial significance of the problem has increased much more than the population itself has. This may mean either that the dependency in the Borough has increased both absolutely and relatively to the growth of the population, or that without much increase relatively to the population, a great deal more is done to relieve distress in these later years than was done even 10 years ago. It is quite possible that the latter explanation contains the predominant degree of truth, and, if this is so, it means that the Borough officials are more alert in relieving distress than was the case formerly.

The Work of the Overseer of the Poor.

Still, admitting this greater activity of Borough officials in recent years, there is much to be desired in the situation. In the first place, the custom of paying Overseer of the Poor and Borough Physician only $100 and $125, respectively, indicates a sheer disregard for or ignorance of the importance of the problems with which these officials must deal, and of the value of the services which they might render, if the work were properly done. Concerning this point there is the following statement in the 1913 report of the New Jersey State Charities Aid and Prison Reform Association:

"The compensation for the Overseers of the Poor is entirely a matter of tradition or circumstance in the communities and there is no classification in this respect. It is absurd to expect any kind of service for a salary of $10 per annum, as is found in New Jersey in a number of places, or in others an annual compensation of $25, in others $50, in others $100, and so on. An overseer of the poor with experience can be most helpful to his community both to the people he serves, and to the official municipality, but he will not bother with the duties of his office for the paltry compensation offered him. The best overseers are those who give a great deal of time to their duties. They investigate families needing assistance, they look after them while being assisted, and endeavor to put the families in a position where they no longer need municipal aid. Intelligent service requires the expenditure of a great deal of time and energy and the wisdom that comes from experience. Simply giving out orders for groceries makes for pauperism." (Report of New Jersey State Charities Aid and Prison Reform Association, 1913, p. 35).

If the above statement applies to the Overseer of the Poor, how much more would the principles here enumerated apply to the Borough Physician whom Princeton has been remunerating to the extent of $125 per annum. It is certain that this sum will not bring that aid and assistance to the indigent sick that they should receive.

With regard to the Overseer of the Poor it should be stated that in recent years it has been the custom in Princeton to appoint to this office the worker of one of the private social agencies in the Borough, so that the dispensing of relief has been done with more care than would have been the case if only a Borough official, with no private support, had performed the task. But it may be a question as to whether the Borough ought to relieve itself of its responsibilities with so paltry an outlay.

Due to this arrangement between public and private authorities a system of records of aid and assistance granted has been kept since 1914, but before that time apparently no records were kept of money spent each

year for relief, and at the present time no available records are kept of the work done by the Borough physician. An analysis of the records of the private case work agency is submitted later in this report.

TABLE XXIII

Amounts and Purposes of Disbursements from Borough Funds for Poor Relief, not including Salaries of Physician and Overseer, for eight years, between 1908 and 1917

Purpose	1917	1916	1915	1914	1912	1911	1910	1908	1906 (1)
	$	$	$	$	$	$	$	$	$
Groceries	930.35	868.23	1107.13	877.60	547.58	753.00	580.12	271.76	.....
						(4)		(3)	
Board & Nursing	292.57	245.39	389.00	407.40	368.43	141.12	.....	118.20	.....
Fuel	49.21	49.20	14.15	65.65	57.60	64.15	98.70	47.20	.....
Funerals	97.25	40.00	100.00	90.00	117.50	68.00	65.00	70.00	.....
Ambulance	.....	10.00	15.00	52.00	.....	.....	.....	6.00	.....
Rent	317.25	117.75	.....	.....	.....	.....	.....	(2)	.....
Clothing	.....	.....	.....	.....	.....	16.50	8.50	1.50	.....
Milk Ice	15.15	.....	.....	.....	.....	.....	.....	.....	.....
N. J. State Bd. Children's Guardians	14.75	.....	.....	.....	.....	.....	.....	.....	.....
Sundries	41.68	.....	.....	.....	11.03	.....	22.77	.....	.....
Medical Services & Drugs	.....	.....	.....	20.00	128.00	.....	.....	13.75	.....
Totals	1758.21	1330.57	1625.28	1512.65	1230.14	1042.77	775.09	528.41	327.68

(1) In 1906 the statement of poor relief in Annual Borough Report does not indicate for what purpose the money was expended, only names of persons to whom payments were made.
(2) Cab hire
(3) Board only.
(4) Board and Transportation.

What the Money Went For.

An examination of the financial reports of the Borough reveals that disbursements for relief have been made under the following heads: Groceries, Board and Nursing, Fuel, Funerals and Ambulance services, Rent and Clothing, Milk and Ice, New Jersey State Board of Children's Guardians, Sundries. The foregoing are included in the itemized statement for 1917. The total expenditure for that year for relief, exclusive of salaries was $1,758.21. This expenditure was distributed as follows: Groceries, $930.35; Board and Nursing, $292.57; Fuel, $49.21; Funerals and Ambulance, $97.25; Rent and Clothing, $317.25; Milk and Ice, $15.15; N. J. State Board Children's Guardians, $14.75; Sundries, $41.68.

It will be seen by a glance at the table that as a general rule considerably more than half of the expenditure each year goes for groceries. It is certain that before the time when the social worker of the private charity agency in the Borough was made Overseer of the Poor there was pauperization of the needy in the community through these doles of groceries.

In 1906, the first year of the table the total expenditure of the Borough for all purposes was $87,319.21, of which sum .37% was spent for material relief, not including salaries; in 1917 the total expenditure of the Borough was $185,391.86, of which .71% was spent for material relief. In other words, the proportion of public money spent for poor relief has doubled during this period. In the meantime the actual amount of money spent for the purpose has increased fivefold. If this increase is to continue, it would seem to be imperative that the very highest standards should be employed in the work, so that families shall be assisted to self-maintenance, rather than encouraged in seeking relief from public funds. The

writer knows of at least one case of gross mal-administration. It was that of a colored woman, who lived with a white man not her husband, and who had received frequent doles from public authorities. If records had been kept throughout all these years, it would undoubtedly be possible to trace down more of this sort of thing. Happily, perhaps, the administrative officials who do this sort of work keep no records. A former overseer told the writer that he simply gave out the funds to those who asked until the money was gone.

The Need for Central Supervision.

Insight into the general need for greater supervision of public outdoor relief in New Jersey is gained through the following statement contained in the 1913 report of the New Jersey State Charities Aid and Prison Reform Association, page 37:

"Here and there throughout the state some very practical, intelligent and praiseworthy work is being done by overseers of the poor. Progressive thinking is catching and a general improved tone is noticeable. However, there remain a few overseers of the poor who are content to follow in the lines of antiquated customs and traditions.

"The language of the law fixing the terms of settlement for purposes of poor relief is indefinite and unsatisfactory. In the early years a fixed residence of ten years was required before the applicant for relief could be granted relief. It is now fixed at five years. It should be fixed at one year for temporary aid and three years for permanent care.

"An effort was made in this office to secure some statistical material from overseers of the poor, but not with any great or satisfying result. There is a law requiring municipal clerks to file with the State Commissioners of Charities and Corrections the names and post office addresses of overseers of the poor. It might be well to require the filing with the Commissioners of an annual report upon blanks to be furnished by the Commissioner. This would give uniformity of the reporting and some statistical data which would indicate the amount of service given officially to dependents applying for temporary or permanent relief. The problem of aged and infirm dependents in New Jersey is a serious one and cannot be adequately reached with our present lack of system of almshouse care."

Statistical data from Records of Overseer of Poor, Nov., 1914-May, 1916.

The following is an analysis of records kept by the Social Worker of the Town Club, who was also Overseer of the Poor from the fall of 1914 to the spring of 1916. All but one of these records have as their first date sometime between November, 1914 and May, 1916, and there is no date on the records later than May, 1916. Altogether the records are of 179 cases.

Racial Composition of Cases.

62 colored, 11 Italian, 18 Irish, 3 Scotch, 2 English, 4 German, 1 French, 1 Jew, 2 nationality unknown, 75 White American.
Total, 179 cases.

Residents and Non-Residents.

35 were non-resident, mostly adult men seeking work. The remainder were residents of the Borough or Township. There were no colored men among these non-resident itinerant workers.

Marital Condition of Applicants.

103 cases were of married men or women; 5 were widowed; the remainder were single men or women, or children, or the marital condition was unknown.

Kind of Aid Asked for or Given.

The different kinds of aid are classified for purposes of this analysis under the following heads: Clothing, Food, Fuel, Rent, Medical Aid, Pensions, Work.

Frequency with which different kinds of aid were sought for and usually given, or attempt was made to meet the need.

Clothing, 54 times; Food, 49; Fuel, 33; Rent, 10; Medical Aid, 31; Pension, 5; Work, 78.
From the foregoing it would seem that unemployment was a leading cause of dependency in the Borough.

Other Factors Involved, and Their Frequency.

Tuberculosis, suspected or existence proved, appeared in 60 cases; alcoholism, 25 times; insanity, 5 times; feeble mindedness, 16 times. The frequency of the appearance of tuberculosis on these case records confirms, and gives another angle to, the statements regarding tuberculosis made in the sections of this survey dealing with Housing and Health. In addition to foregoing one finds in the records evidence of juvenile delinquency, epilepsy, non-support and desertion, illegitimacy, and the need for legal aid, and for institutional care.

Summary of Situation as Evidenced in the Case Records.

It need hardly be stated that the foregoing analysis of material found on the records does not presume to be a detailed statement of the nature of the dependency problem in Princeton. The incompleteness of the records does not permit of minute analysis. What is here presented is the barest outlines of the problem. It should not be presumed, either, that these 179 cases involved the total activity of the Overseer of the Poor for approximately the year and a half between November, 1914 and May, 1916. But insofar as the data on the records is a guide, it appears that the charity problem of the Borough includes about as many types of problems as one finds in records of an agency in one of our large cities. This being so, the community should require the highest possible grade of service on the part of the Overseer. The penalty for not requiring this is the progressive pauperization of large numbers of the community, or, on the other hand, unrelieved distress. Certainly, the salary of the Overseer contributed by the Borough, which is $100 per annum, is not sufficient to guarantee this kind of efficient service. In 1917 the total salary of the Social Worker doing this service, from public and private sources was only $60 per month. This amount will barely meet the cost of living for the social worker. It certainly is not sufficient to stimulate enthusiasm for the work.

It appears from the records that the colored people supply a larger share of the cases of need than is their proportion in the population.

They constitute about 20% of the population, and about 35% of the families on the above records. One may say that the charity records confirm the implications of the study of housing and health conditions, that the general economic and living conditions of the colored people are such as to demand wise endeavors for their improvement on the part of the community. Among other groups besides native whites the Italians appear on the records with some frequency, constituting about 6% of the cases on the records, while they comprise about 5% of the population. However, it should be said that their frequency in the records is no accurate indication of the extent of relief work done among Italians, inasmuch as other agencies, for example, the Dorethea Settlement House for Italians, upon occasions conducts relief work for the Italians. Of course, it can be said, also, that the records are not a complete indication of relief work done among negroes, either, if one includes the work of philanthropic individuals and private charities. Discussion of such individual and private philanthropy is submitted further in this report.

Many men in search of work inquire for jobs or other assistance at the office of the Overseer of the Poor. 35 are registered in the records during the period covered by them. 18 of these were white Americans; the remainder were foreigners or were of foreign extraction, of whom 11 were Irish. In the absence of any closely related labor exchanges in New Jersey when this study was made, there is little that the Overseer can do for these men. They are often given night lodgings in the town jail, and work in the street department in the city. Comment upon the efficiency of these men was made in favorable terms by the Mayor in a report to the Borough Council. But the practice of herding them in the abominable jail of the Borough should be discontinued. The problem of these itinerant workers in times of unemployment is too large for solution by exclusive action on the part of the Borough, and demands state and national programs on unemployment Meanwhile, in the judgment of the writer, a step in the right direction would be the establishment of a Borough Public Employment Bureau, which in time could be closely coordinated with similar bureaus in other cities, and with state and national bureaus. Having to appear before a charity agency for information about work, and being thrust into the Borough jail for lodgings are not practices conducive to the self respect of unemployed men.

In general it may be said of these records that they leave much to be desired in the way of completeness for purpose of diagnosis of the charity problems of the community, and of revealing organized effort by the various agencies in the community for treatment of these problems. With regard to this latter aspect it should be said that the fault lies not so much with the social worker of the Town Club, who, as Overseer of the Poor, kept these records, as it does with the loose character of the relationship between these private charities, and the general lack of cooperative effort between them for a real solution of the problems of the community. The following chapter concerns the work of the private agencies.

CHAPTER II.

The Privately Organized Philanthropies of the Borough of Princeton.

In the course of the investigation for this study endeavor was made to secure a statement of the financial outlay of the institutions in the Borough that conducted work in the nature of relief or of general social service. These organizations were asked to submit statements concern-

ing the money and other outlay for charitable purposes during the year. The statements were submitted as covering the year ending April, 1916. The expenditures are classed under the heads of Relief and of General Social Service, and are as follows:

TABLE XXIV

Appropriations from Private Sources for Poor Relief and General Social Service, 1915-1916.

	Relief	General Social Service
Episcopal Church	$835 (not counting clothes, fuel, Christmas gifts)	
First Presbyterian Church	572.	
Second Presbyterian Church	556.	
Methodist Church	150 (Not counting clothing, groceries)	
Village Improvement Soc.	50.	2037.23 (Nursing)
Women's Employment Soc.	125.	
Ladies' Aid Society	150 (for coal, but not inc. groceries and clothing)	
Town Club	400.	3207.64
Anti-Tuberculosis Soc.	97.	
Dorothea Settlement House	1670 (unemployment relief)	1090.
Sunshine Society	100 (Not including clothes)	
Needlework Guild	600.	
Colored Y. M. C.A.		1263.94
Society Protection Cruelty to Animals		150.
Princeton Branch, N.J. Children's Home Soc.		427.50
Totals.	$5305.	$8176.31

From the foregoing statement of the money spent by these private organizations, including churches, settlement, and other agencies, it does not appear that there is any stint to the private giving in the community. Moreover, the list of relief giving agencies is by no means complete. The charity work of the Roman Catholic Church and of the three colored churches is not included; nor is that of private individuals who give personally and not through any agency. It would be impossible to ascertain amounts given in this latter way, although there is reason for believing that it is large. It should be stated, too, that during this time the Princeton Chapter of the American Red Cross was acquiring the enviable reputation of being the best supported organization of any of its size in the country. This fact is mentioned because it means that the private local philanthropies were suffering somewhat through the great demands of the Red Cross. The colored Y. M. C. A. especially has suffered during war years. However, the outstanding fact remains that not including all agencies contributing to relief, nor all the personal gifts, clothes, groceries, fuel, etc., contributed by the agencies, whose financial outlay is stated in the table, nor the public appropriation for relief by the Borough Council—over $5,300 was devoted for material relief by the citizens of Princeton in a single year. This is a comparatively large sum for the size of the community, and suggests that the most expert service in investigation, diagnosis of problems, and treatment should be demanded by donors in the expenditure of this money; and further it is suggested that the closest sort of friendly cooperation should exist between the different relief-giving agencies. One fears in looking over the situation that such standards are not realized to the extent that they should be. Such suspicion is aggravated by the frequent appearance in the weekly town paper of weak and sentimental appeals from one society in the community for shoes, clothes, and money to

aid families whom other societies in the community may feel should not be given such aid, but some form of more constructive treatment. One such irresponsible, unintelligent agency, doling out money, groceries or clothes can keep the whole community marking time, when it should be advancing towards a solution of its charity problems.

The following is a type of such appeal:

Copy of Appeal of Sunshine Society for Funds, Printed in the Princeton "Press" March 9, 1917.

"This is certainly the season of the year when it becomes necessary 'to be a friend to man.' Always it is these months of February and March when the holiday season being over, there is nothing to hope for in the way of gifts, very little to be obtained in the way of outdoor work, when everything in the way of food is at its highest price, when the children's *Christmas* (!)[1] shoes and rubbers are nearly worn out, and the savings are well nigh exhausted, when everything is at its lowest ebb financially, and yet the home has to be kept up, the children warmed, clothed and fed, it is at this season of the year that Sunshine has to step in and carry a few of the burdens that are so heavy to bear. But Sunshine has no funds from which to draw, so she naturally turns to those who are her constant friends to help her to keep on being Sunshine; to enable her to shed a few sunbeams into these dark corners. Several of these dark corners were revealed to us last week. So we asked Mrs.—— and Miss—— to come to our rescue. Then Miss—— and Miss—— responded to our petition for rice and sugar; thus we were enabled to supply these strenuous needs; but there are many more such. Will some one else come to our help for those who will come next week?

"Since our last letter in January, we have received $5 from ——, also contributions from Mrs.——, and a large package of clothing for a little boy from Mrs.——, Mrs.——, Mrs.——, and Mrs.—— have kindly sent women's shoes for special cases, and Mrs.—— also brought a coat. We have also received $10 for our shoe bill. We regret that the names of Miss—— and Mrs.—— were inadvertently omitted from our list of Christmas givers. Miss—— sent us a coat, and one dollar for Christmas cheer, while Mrs.—— gave two dolls, and some children's books for the Christmas tree.

"We need shoes for little girls and boys between five and nine years of age; also, two warm coats. More shoes for women, a pair of shoes and a heavy overcoat for a man who does outdoor work; a coat for an eleven year girl who is quite tall. We have had no response for the little paralyzed girl except Mr.——'s tricycle and nothing for the music lessons since Christmas. These lessons you will remember were being given to the blind boy, that may be enabled to earn his living thereby. Please do not forget either of these two "little ones." Now is the only time to help them; for the little girl should have everything required now for her recovery or else it will be too late and her entire life will be blighted. Surely in this town that is so freely sending relief by the thousands abroad, it is not asking too much to raise two hundred dollars towards what is needed for permanent relief to these children at our doors."

Chairman of the Sunshine Society.

1. The exclamation mark and italics are the writer's.

In criticism of this appeal it should not be understood that there is no legitimate use of the press in making known the charitable needs of the community, though on general principles it can be said the smaller the community the less desirable is it to name specific cases of need. The chief criticism of the above are that it is the expression of no concerted effort on the part of a number of people; and that the whole tone of it is such as to lead to the pauperization of the needy in the community.

General Social Service.

It will be seen from the table presented on page 63 that six social service agencies spent in a year $8,176.31. It is probable that this money, spent not for relief, but for general social service including nursing, is more wisely administered than relief funds; that is to say, the aims are more constructive, and the means better adapted to the ends.

For example, in contrast to methods employed in some of the private relief agencies, the Visiting Nurse Committee of the Village Improvement Society publishes a careful statement of its activities, including an audited financial statement, list of calls made, services rendered, and of donators. This organization with its visiting nurse appears to be doing the most constructive piece of social service in the community. Its budget for nursing work was in the year in question, $2,037.23. It is unfortunate that it could not have been given some of the funds that are dissipated in indiscriminate relief and unaccounted for by some of the other agencies. It is certain that ill health is one of the fundamental and yet preventable causes of dependency in the community, and it would be a great boon to the social welfare of the borough if there were two or three nurses instead of one. If certain paring down of contributions to other less useful organizations could be effected, this additional nursing work could be provided for without additional financial outlay. And as a general proposition it can be truly stated that the greater amount of efficient work done by constructive social agencies in the fields of health, nursing, employment, recreation, child care, and so on, the less will the community have to spend for relief in the form of clothing, groceries, etc. The former kind of work requires intelligence, cooperation, insight, while the latter appears to be often an easy way of postponing problems. Not until the efforts of the community are more largely directed in the former direction can there be permanent gain in community welfare. Distress is symptomatic of deeper difficulties which the citizens must uproot by scientific study and treatment.

It will be noted that in Table XXIV on page 63 the sum spent for general social service by Dorethea House is less than the sum spent for relief purposes. This is probably not a usual distribution of funds between the two objects, but means that in the year represented by the figures the Dorethea House attempted to relieve distress among Italians caused by severe conditions of unemployment. The general theory and practice of community centers such as Dorethea House is not to make them relief dispensing agencies; yet it is probable that more would have been lost in the way of prestige and influence if the Dorethea House had not done anything to help in the crisis, than was lost through the sacrifice of a general principle.

A statement of the nature of this relief work of Dorethea House done during the winter of 1914-1915 is contained in a report dated February 1, 1916:

"In the winter of 1914-1915 on account of the general unemployment of the men, contributions were asked from the people of Princeton to pay these men 10c an hour to roll bandages for the Red Cross. Enough money was raised to keep the men working for three months, and they came to Dorethea House every morning for three hours, thus earning 30c a day. Almost 14,000 bandages were made, besides many thousands of surgical dressings."

Against the above policy it might be argued that the sum earned by the men was so paltry as not to be enough for even self maintenance, to say nothing of the maintenance of their families; and that by this sort of activity the community is lulled into believing that it is really doing something for the solution of the unemployment problem.

With regard to the relief giving and social service activities of the churches it may be said that they do not cooperate in their philanthropy to any great extent, in spite of the fact that four churches spent for relief over $2,100 during the year represented by the table. The best standard in social work attained by the churches of the community are probably those of the Episcopal Church which employs a trained worker. It would be possible to work out a program of cooperation for the churches in the social service activities so as to obtain an economical division of labor, and greater efficiency in reaching the community, especially the young people. But such a program would require a spirit of cooperation among the people of the different churches. The remaining part of our study of poor relief will be directed towards a discussion of the work in Princeton of the New Jersey Children's Home Society, and to certain problems of Degeneracy which Princeton, like all communities, is confronted with, and which are closely bound up with poverty conditions.

CHAPTER III.

Princeton Cases of the New Jersey Children's Home Society.

The work among children of Princeton families carried on by the New Jersey Children's Home Society falls into two parts; those cases where the children are taken as wards of the society, and those cases where investigation is made, and some action usually taken, but the children are not made wards of the society. The latter cases are the more numerous, and attention will first be directed to them.

Cases in Which the Children Are Not Taken As Wards.

From 1907 to April 1917 40 different families were investigated, the welfare of children being involved. One family was concerned on two occasions, once in 1908 and once in 1916, thus making 41 different investigations. The number of children in these families was 110, possibly counting one child twice, as appearing in the two instances of the same family, which had 1 child in 1908 and 4 children in 1916. The race or nationality of these families, and the number of children in each group were as follows:

15	White American families, involving	35 children
16	Colored families, involving	45 children
4	Italian families, involving	9 children
1	Hungarian family, involving	1 child
5	families of unknown race or nationality, involving	20 children
41	instances	110 children

The cause of the society's interference, the race or nationality of the families in the different cases, the action taken, can be seen from the following table of data presented by the society:

TABLE XXV

Showing Causes of 41 Investigations in 40 Families by N. J. Children's Home Society, Disposition of Cases; also Race of Family

Case No.	Race or Nationality	No. of Children Involved	Cause of Society's Interference	Disposition of Case
1	White	1	Illegitimacy	Boarding Place Found
2	Colored	1	Illegitimacy, Mother immoral	Grandmother takes child
3	White	3	Father deserted	
4	White	3	Parents Dead, 1 child feeble minded.	
5	Colored	8	Father deserted. Mother immoral. Home filthy.	
6	Colored	3	Parents separated. Abandoned by father, who remarries bigamously. Children neglected.	
7			Home filthy. Mother immoral. 1 girl in State Home.	
8	Italian	5	Father crippled. Mother dead.	Taken in charge by Roman Catholics
9	White	2	Parents dead.	N. J. C. H. Society offered to take children
10	Colored	4		Temporary care given
11	White	4	Father deserted. Never provided.	Warrant for arrest of man and case turned over to Bishop ....
12	Colored	1	Abandoned by mother. Child in bad health.	Attempt to make mother support child.
13		6		
14		1	Father immoral	
15	Italian	1	Boy unmanageable. Home unsuitable.	Roman Catholics take care of.
16	Colored	3	Parents dead. Boy runs streets.	Could not find boy.
17	White	3	Father abused children.	Father arrested.
18	White	6	Father does not provide.	Warned by letter.
19	White	1	Illegitimate child.	Mother arrested with man she lives with.
20	White	4	Man a drunkard. Question of legality of marriage.	Many investigations.
21	White	1	Father drinks. Does not support.	Warned.
22	Colored	1	Parents dead.	
23		10		Case postponed.
24		3	Parents' habits bad. Children neglected.	Warned.
25	Colored	1	Child Illegitimate. Father unknown.	Guardian will not give up child.
26	White	2	Woman had just given birth to child—no place to go.	Got place for woman to work.
27	Italian	1	Left alone by father too much. Child poorly clothed.	Neglect not proved. Catholic Soc'y takes.
28	Colored	5	Father deserted. Mother feeble minded.	Given Binet test.
29	White	1	Parents intemperate and neglectful. House overrun with vermin. Mother young and inexperienced.	Father warned to get better house. Advised minister to get nurse to instruct Mother in care of baby.
30	Colored	1	Illegitimate child. Neglected. Father a white man. Woman had former illegitimate child.	Found place where Mother could take child.
31	Hungarian	1	Vagrant boy.	Referred to Catholic Society who placed boy in orphanage.
32	White	2	Parents living apart.	
33	Italian	2	Man and niece living immorally.	Referred to Prosecutor.
34	Colored	1	Mother dead. Father deserted.	Suggested to refer to N. J. Board Children's Guardians.
35	Colored	1	Mother dead. Father old.	Society boards child..
36	Colored	2	Mother drinks. Immoral. Oldest girl to give birth to illegitimate child.	Binet test for youngest child who is feeble minded.
37	White	1	Mother dead. Father deserted. Boy feeble minded.	Boy taken by grandfather.
38 (Same as 2)	Colored	4	Parents separated. Mother immoral. Neglect.	Left with attendance officer.
39	Colored	2	Mother drinks. Children neglected.	Conditions improve.
40	Colored	1	Parents dead. Girl accuses aunt.	Found girl had lied.
41	Colored	7	Mother and child feeble minded.	3 children given Binet test and found feeble minded.

Cases in Which Investigation Was Made and Children Made Wards of N. J. Children's Home Society.

Between June 24, 1897, and June 30, 1916, the New Jersey Children's Home Society investigated 9 Princeton families and took from them 15 children as wards of the Society. 6 of these families were White American, 2 were colored, and in one case the parents were English-Scotch. The conditions which caused this action on the part of the Society were as follows: 1. Desertion of father. 2. Unknown, or not stated. 3. Mother dead, father deserted. 4. Mother dead. 5. Children deserted by both parents. 6. Father in prison, parents separated. 7. Mother in jail, father deserted. 8. Mother dead, father intemperate. 9. Father intemperate. Eight of these Princeton children were under care of the Society in the early part of 1917. Six had become of age, and one had died.

Of the 41 families where investigation was made by the society, but the children not taken as wards, 27 came under the attention of the Society during or since 1912. Of the 9 families from which children were taken as wards, 3 came under the supervision of the Society in 1916. This means that the Princeton work of the Society has increased in recent years.

The conclusion from this data concerning family dissolution and child dependency would seem to be that there is need in the community for a greater amount of attention to these problems, especially from the angle of child welfare. The New Jersey Children's Home Society has excellent representation in the Borough, but obviously matters go pretty far, before the Society takes a hand. It is possible that a small *Child Welfare Committee* could be advantageously established. On this committee could serve the Princeton representative of the Society, as well as other citizens. The work of such a committee could be largely preventive. That is, by keeping in close touch with schools and community conditions as to recreation, child labor, health, etc., this committee might forestall the development of conditions which lead to child delinquency and dependency. Of course, what we have here in these Society cases are family problems, not alone child problems. This being so, the ideal institution for dealing with such cases would be a court of domestic relations. Whether the functions of the Mayor's court in Princeton could be so extended as to allow of more radical treatment of these domestic and child problems in Princeton, without taking the cases to the County court in Trenton, is a question for legal authority to determine. At any rate, if it is not possible to enlarge the sphere of the Borough court, there is no reason why the wide awake citizens of the Borough should not endeavor to have established in Trenton a court of domestic relations. The trend of things is to combine child and domestic problems, so far as they are subject to court action, into one court which has jurisdiction over child delinquency and dependency, desertion, non-support, illegitimacy and other family cases.

CHAPTER IV.

Defective Types.

There are living within the Borough, or just outside the limits of the Borough, a number of families, mostly white, who appear to be of defective inheritance. The problem of the mentally defective is assuming large proportions in current discussions. Hardly any old, well-established community is without some of these types. They present the most serious problems of dependency and delinquency, and ordinary measures of relief and aid seem not to avail. The data presented in this section is fragmentary in character, yet it is sufficient to indicate the presence of defective types in the community, and the need of further information concerning them. The data is taken from the following sources:

1. Written statements of social workers, concerning family histories and relationships.
2. The Mayor's "jag list." (Those to whom liquor may not be sold).
3. Records of Overseer of the Poor, 1914-1917.
4. Police records of arrests.
5. School records of backward children, and of those in special grades.
6. Records of New Jersey Children's Home Society.

In most cases the evidence is cumulative from two or more of these sources; and a more thoroughgoing eugenic study would but confirm the facts here presented.

Family

I. Father on the "jag list." Whole family "not up to much." Daughters believed to be sub-normal. The father's brother, and brother's son on "jag list." The brother recently arrested for burglary.

II. Wife is daughter of I. The wife of low mentality. Her husband is alcoholic, and has been arrested for stealing, and served prison sentence.

III. Wife a daughter of I. The man seems normal and industrious. 8 children. Oldest boy normal. One daughter has had 2 illegitimate children, and 2 of the other children are dull and backward in school.

IV. Wife a daughter of I. Husband "usually in jail." Son recently imprisoned for theft. Husband's sister lives with them and appears defective.

V. The wife in this family a sister to husband in IV. Daughter has had one illegitimate child. Another daughter, described as "ignorant and lazy" married son of family VII. Husband a tuberculosis suspect.

VI. Husband a brother to husband in V. Has served term for rape on his daughter. Wife in an insane asylum. Two daughters subnormal. One daughter married son of family VIII.

VII. Husband "respectable and hard working"; wife deceased. One son married daughter of V, and is a "lazy loafer." Two intelligent and normal daughters married to form families VIII and IX.

VIII. Wife a daughter of VII. Husband "absolutely no good." Two eldest sons "not much good." Eldest daughter is epileptic and has no palate.

IX. Wife a daughter of VII. Husband alcoholic. Six children, one of whom died of tuberculosis, and two others are continually out of school.

X. Wife the epileptic daughter of VIII. 6 children. Two eldest boys delinquent, and one smaller girl a tuberculosis suspect.

IT WILL BE NOTED THAT THE INTERRELATIONSHIP THROUGH MARRIAGE OR DIRECT DESCENT RUNS THROUGH FAMILIES I TO X.

XI. Husband on the "jag list"; is recently out of jail for stealing; son in a reformatory. Wife is related to husband in family XII.

XII. Husband alcoholic. 15 children. Wife is a sister to husband in XIII.

XIII. Wife a sister to husband in XII. Husband has "spells" and is "no good." Son in jail for theft. Children probably subnormal.

XIV. Husband separated from one wife, and is on probation for consorting with 16 year old daughter of family XIII.

FAMILIES XI TO XIV INTERRELATED.

XV. "An immoral family." Two children dull and backward in school.

XVI. Cousins to family XV. Two children dull and backward in school.

XVII. Mother of this family has unsavory reputation as an unlicensed mid-wife about town, and is suspected of using her daughters now at home for immoral purposes. The oldest boy has served a prison sentence. The house is regarded as a menace to the community by neighbors and others that know of conditions. The mother and daughters are believed to be mentally or morally defective or both. One daughter is wife in family XVIII.

XVIII. Wife is daughter of family XVII, and is an immoral, unquestionably subnormal woman. She has 8 children, but is not living with her husband but with an Italian. One child now in school is four years retarded; other children were backward while in school. This woman and her children constantly before the borough for charitable aid. Much has been given them. Woman recently left town with all her children because authorities had court order to take her children away on grounds of neglect. Many investigations by N. J. Children's Home Society. Three children given Binet test, 1916.

XIX. Husband is "rotten." On "jag list" and on probation for fighting. Two children in hospital with tuberculosis.

XX. Husband alcoholic. Two children border line feeble minded cases, one of whom is 3 years retarded in school.

XXI. Mother drunken and immoral. Boy feeble minded with criminal record. Application made for getting boy into Vineland Training School for Feeble-Minded.

XXII. Colored family. Mother and son appear feeble-minded. Boy has been in state reformatory, returned and is falling into former habits. Father deserted, and family investigated by N. J. Children's Home Society in 1915. Mother given Binet test.

XXIII. Colored family. Daughter 16 years old, has never advanced beyond 5th grade in school. She has had two illegitimate children. In 1909 the New Jersey Children's Home Society reported on this family as follows: "Father deserted; mother immoral; home filthy." Records of Overseer of Poor state that one boy in this family is epileptic.

XXIV. Colored family. Two daughters, 18 and 15 years of age, have both given birth to illegitimate children. Grandfathers on both sides of the family are alcoholic. Family investigated by N. J. Children's Home Society in 1908 with record that mother was "bad," and one child placed with grandmother. Society investigated again in 1908 on charge of immorality of mother. By this time the parents were separated and children neglected. Home conditions filthy beyond description. Undoubtedly mother and daughters are feeble-minded.

XXV. Italian family. Mother and father are uncle and niece. Man prosecuted by N. J. Children's Home Society in 1915. The child is deformed and is dull and backward in school.

XXVI. Father died in an insane asylum. Two daughters now in insane asylum. One being partially supported there by local philanthropy. Two sons drunkards and on the "jag list." One recently arrested for conducting "blind pig." The child of one of these sons recently escaped from state tuberculosis hospital. The father of this child is described in records of Overseer of Poor as tuberculosis "suspect."

XXVII. Mother the insane daughter of family XXVI. The husband is alcoholic and on "jag list." Children suspected of being mentally defective. One is four years retarded in school.

XXVIII. Son of family VII. Had infantile paralysis when a child; but is capable of doing some work though does none. Wife is daughter of family V, and is described as "lazy and ignorant."

It is not to be thought that the foregoing analysis gives a complete social history of these 28 families; nor that further investigation would not reveal mental defectiveness associated with inbreeding among other families that are known to the social agencies of the community. The object of the analysis is rather to suggest the need for further investigation, and for some rational policy for dealing with defective tpyes. From February, 1915, to March, 1917, a total number of 87 names appeared on the Mayor's "jag list," many of them added month by month throughout this period. In March, 1917, there were 51 pupils in the Grammar School, retarded all the way from 6 to 3 years; and the corresponding number

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in the Witherspoon School (colored) was 36. We have already noted the evidence showing the increase in public and private expenditure for relief purposes in recent years. Part of this increase doubtless goes to subsidizing these degenerate families. The problem is more than local, and its solution awaits more adequate provision for the subnormal and feeble-minded on the part of the state. Meanwhile, it is desirable that more use be made by the social workers in the community of the facilities for mental testing offered by the psychological laboratory of Princeton University.

CHAPTER V.

Summary and Suggestions Pertaining to Public and Private Charity.

From the foregoing discussion it would appear that in place of the rather loosely related charitable efforts of the community, both public and private, a definite policy of co-operation should be developed, with a view towards the prevention of pauperization, and towards the upbuilding of family life through constructive measures. This means that the social worker of the Village Improvement Society who now acts as Overseer of the Poor, and keeps the records, should have the support of private individuals, churches and other organizations giving funds or materials for relief. Through her such relief should be dispensed. The problem is sufficiently small to permit of efficient unity in the work. As only $60 a month was paid to this worker in 1917, a higher remuneration should be provided to secure the best services.

Facilities for free medical assistance should be greatly increased, through additional nursing work of the Visiting Nurse Committee of the Village Improvement Society, or through the establishment of nursing service in connection with the local Board of Health. Low priced dispensary service should be provided, and the practice of paying the Borough Physician $125 for more time and interest than he can afford to give at such a small remuneration should be discontinued.

It might be desirable to draw exclusively upon public funds for actual relief purposes, leaving to private funds and effort the task of providing more facilities in the fields of health, housing and recreation, which would prevent destitution, and which the public authorities are not yet ready to undertake. On the other hand, a public employment agency should be at once established, which could be closely correlated with state and federal agencies in the field. The employment work of the social worker of the Village Improvement Society is very largely concerned with furnishing of maids to housewives, whereas destitution is more closely associated with unemployment among men, for whom there is no effective employment agency in the community.

With regard to the evidence concerning defective types in the community one may say that an adequate solution of the problem lies far beyond the powers of any single community, and demands more provision by state authorities for compulsory supervision or segregation of subnormal persons. Meanwhile, the good work done by the public schools of the Borough, with the co-operation of the Princeton University Department of Psychology, in giving mental tests, and providing separate classes for the backward children should be continued. At the same time the giving of doles to defective families by various individuals and organizations working independently should be discouraged. Sporadic, unorganized relief is extravagant, inefficient, and pauperizing. By con-

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tinuing with such methods the budget for relief might still go on increasing, as we have seen, and still the community mark time.

The practice of making the social worker of the Village Improvement Society the Overseer of the Poor is a desirable one, in that it makes for unity, and there is not enough work for two full time officials. It would be desirable to make the records used in the work even more full, and family histories even more complete, in the manner suggested in this study, so that the wisest possible action may be taken in the difficult cases of mental and moral deficiency. The digest of records for a period of over two years, included in this study, shows fragmentary results, largely because the records themselves are fragmentary.

In conclusion, it can be said that the willingness of the citizens to spend money, both out of the public treasury and from private donations, augurs well for the establishment of a type of organization for all community agencies that will provide a sound financial basis and assure the utmost co-operation and efficiency in methods. With sound community organization for dealing with problems it might appear that some agencies could be dispensed with, either because they are inefficient or superfluous; those that remained would be of proved value, and their effectiveness would be increased.

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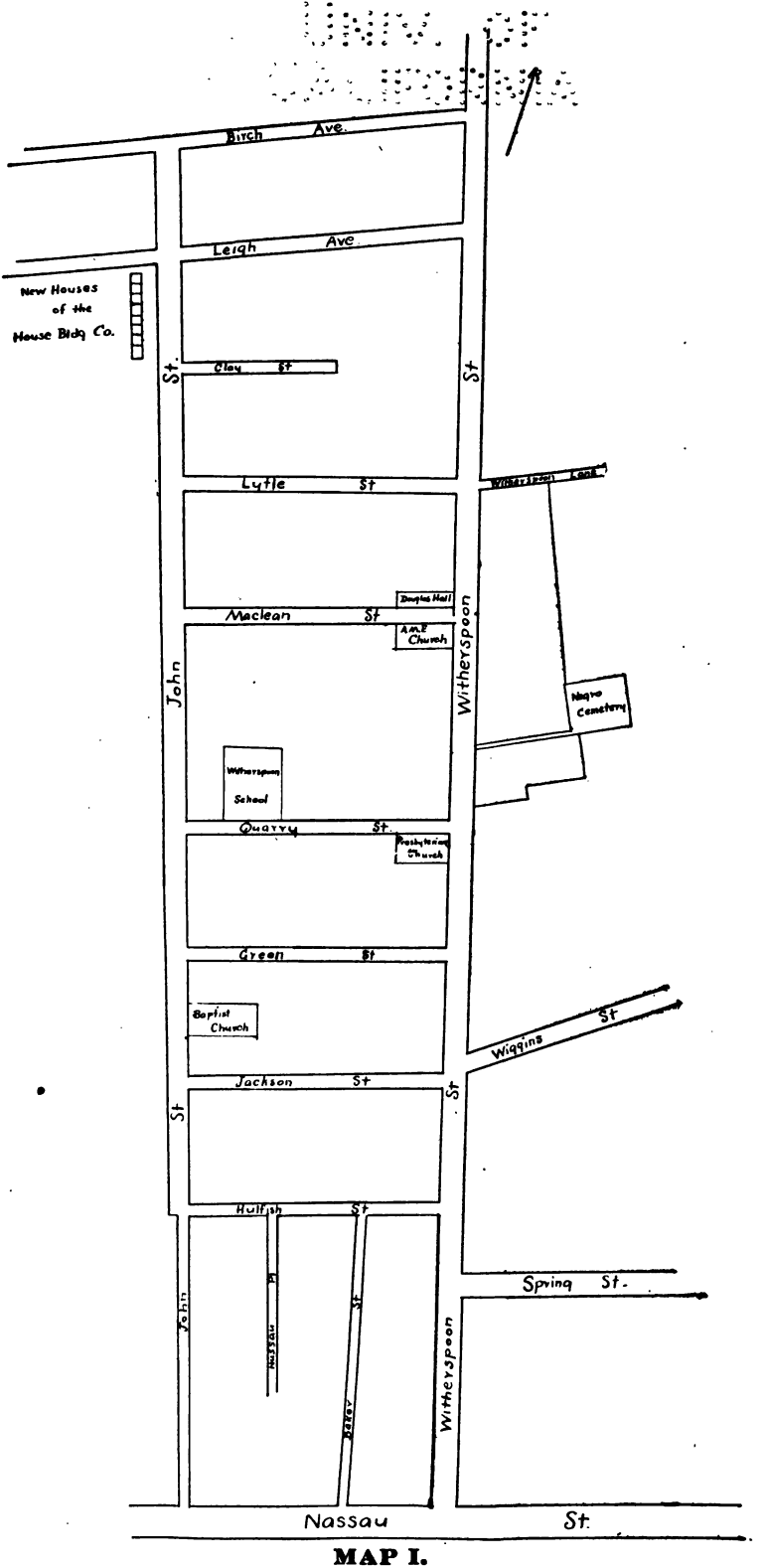
CONCLUSION.

It is not the purpose in this Conclusion to repeat in detail the summaries already presented in the various sections of this study, but rather to make a few broad suggestions concerning its general significance. By far the larger proportion of the American people live either in rural communities, under 2500, or in small towns under 10,000 inhabitants. Nevertheless, social conditions in the smaller towns have received less attention than they warrant. Conditions in the large cities, on the other hand, have been frequently set forth, and elaborate social agencies have developed to cope with them. A reasonable conclusion would be that in the coming years much more effort should be spent upon the smaller communities. It may be said that such effort should be much more hopeful and effective than in the larger communities where the problems are often well-nigh beyond control. It is interesting that the officials of the American Red Cross are at present considering the opportunities in the smaller communities for social work, and much good can be expected from their efforts. This does not mean that necessarily the Red Cross should be the agency in Princeton to develop the much needed social program, though it might well become such, if other agencies fail.

Among the larger cities certain ones have become conspicuous for progress in certain fields of social work. New types of organization and work are developed in one place and are adopted by other cities. The smaller towns have remained somewhat outside the pale of this development. For them it is conceivable that the small college communities of the country could make the initiative. The colleges to a considerable degree are reservoirs of knowledge concerning what constitutes sound community life, and ways and means for attaining desirable ends. It has been remarked in this study that the psychological laboratory of Princeton University has been of valuable assistance to the public schools in performing mental tests. It is a fact, that the students of the University have been called upon to assist in meeting the recreational needs of the town children. The faculty have also served on various Borough committees and boards That they have not always been able to achieve more results, as in the case of the local Board of Health, is due not to any lack of knowledge or disposition, but to factors beyond their control If a community wants leaders it must be willing to be led; this implies in the case of a college community a willing spirit of cooperation between "town and gown." During the War such a spirit was evoked in many an American college community through common service in the Red Cross. Again, through common membership in local Chambers of Commerce the business and professional men in such communities have become aligned. If once a community of interest is established it is easy to direct it towards the solution of civic problems.

All this involves, to be sure, a somewhat different ideal of culture from what prevails in some of our university centers; an ideal not of isolation from but of richer participation in the community life. The possibilities for group achievment in art, recreation housing, town planning, and health are but slightly realized in America

today compared with what might be done. In England the Garden City gives us light and leading. Results have been achieved in our large cities against great obstacles in certain fields, notably in community provision for recreation, and in the reduction of infant mortality. The smaller communities with far less to overcome should now make greater progress; and where they are equipped with the human and material resources of a university their advance should be distinctive. At all events, there is here indicated a very definite opportunity. Not the least fortunate outcome of such conscious cooperation between the college and the community would be its effect upon the student body in sending them abroad throughout the land to build up the standards of an American civilization that is to be.



MAP I.

SHOWING SECTION COVERED BY STUDY OF HOUSING CONDITIONS.

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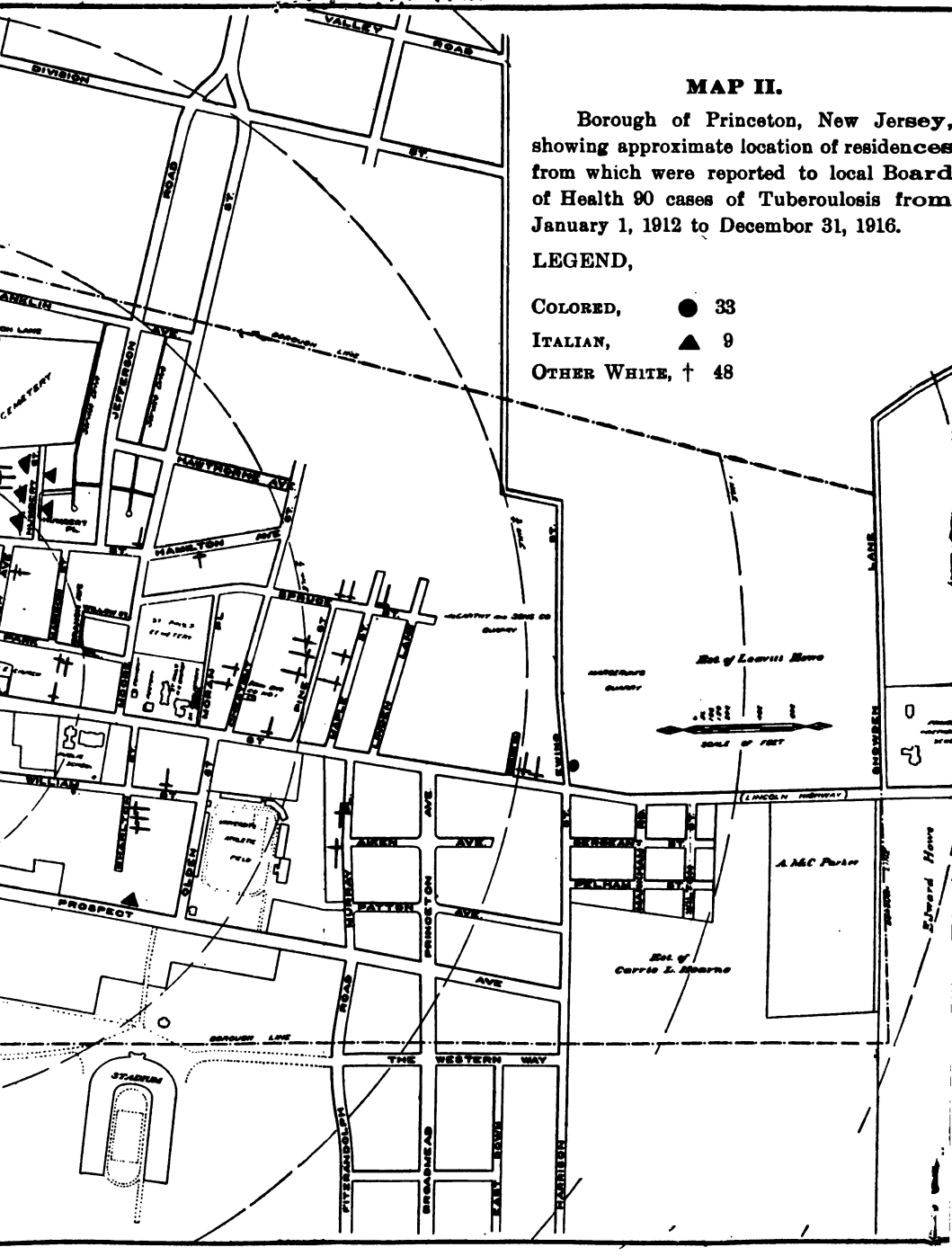
MAP II.

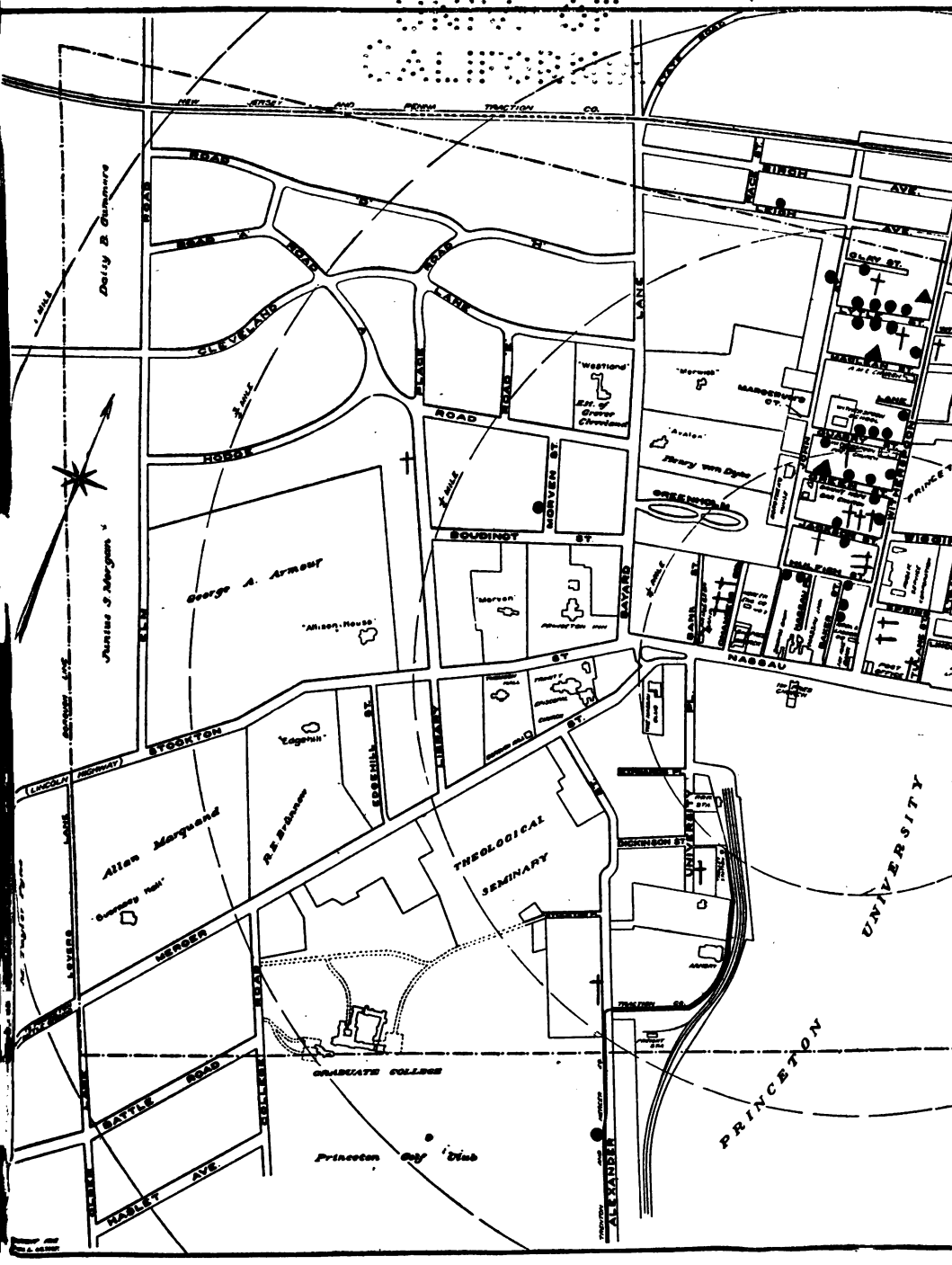
Borough of Princeton, New Jersey, showing approximate location of residences from which were reported to local Board of Health 90 cases of Tuberculosis from January 1, 1912 to December 31, 1916.

LEGEND,

COLORED,	●	33
ITALIAN,	▲	9
OTHER WHITE,	†	48



map cut. Imagine outer edges joined.



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